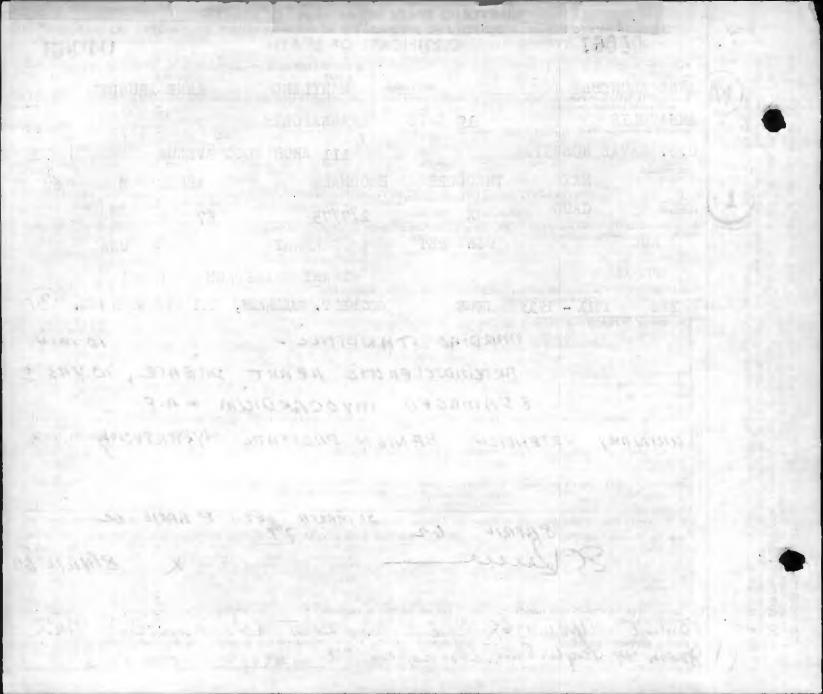
TO HOSPITA RATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 4/2 be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille 2/2 the funeral director, page 3 should be detached for use as the buriel-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4) 15M 7/61

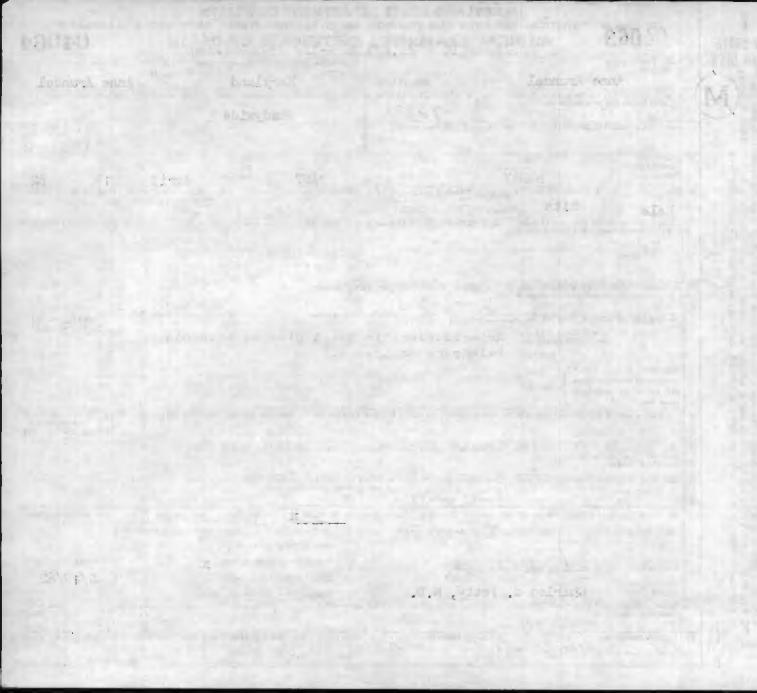
MARY	LAND STATE DEPARTMENT OF	HEALTH
DIVISION OF STATISTICAL RESEA	RCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
04067	CERTIFICATE OF DEATH	0406

1. PLACE OF DEA	TH		2. USUAL RESIDEN	VCE (Where dece		ution: Residen	ca before a	dmission)
ANNE ARU	MORT	MARYLAND	A STATE	· D	b, COUNTY	DITTION	-	
b. CITY OR TOWN	(if outside corporate limits,	c. LENGTH OF STAY IN 16	e. CITY OR TOWN		ANNE A	RUNDE	nearest low	enì.
	nd give nearest town)	20 DATO	1.0					,
ANNAPOLI	PITAL OR INSTITUTION (if not in	119 DAYS	ANNAPOL d. STREET ADDRESS		-0-		10 00	CIDELINE
		nosphai, give sireer ecoress;	d. STREET ADDRESS					A FARM?
U.S. NAV	AL HOSPITAL		111 ARC	H WOOD	AVENUE		YES	NO W
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Yeer	
(Typa or print)		THEODORE E	BACHMANN	DEATH	APRIL	8	19	62
5. SEX		RRIED NEVER MARRIED	8, DATE OF BIRTH		AGE (in years IF L		IF UNDER	24 HRS.
MALE		OWED DIVORCED	2/7/75	F	87 YIS. Me	nths Days	Hours	Min.
10a. USUAL OCCUPA	ATION (Give kind of work 10 working life, even if retired)	b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Cou	inty & State, or for	eign country)	12, CITIZEN O	F WHAT C	OUNTRY?
MUC	Control life, even il tettindi	USN RET	GERMAN	Y		USA		
13. FATHER'S NAME	1		14. MOTHER'S MAIDEN			JUA		_
UNKNOW	IM				TT /=	I DOT		
		A COCIAL COCIADIDA LA		EISEBAC	-	DEC)		
(Yes, ag of unkown)	EVER IN U.S. ARMED FORCES?		INFORMANT	TETEATETT	Address	TATOOD .	CITY	(2)
	-//-		EORGE T. BAC	metanin,	111 ARCH	MOOD W	LVIII	
	DEATH Enter only one cause	per line for (e), (b), and (c).	1			INT	ERVAL BET	WEEN
PART I. DEA	TH WAS CAUSED BY: ()	ARDIAC STA	IUDSTILL .	-			O IN	
LIA	A DUE TO	1.12			1			
Conditions	D a C	nervised en	AND 1/ = 10	1 to anno 1	MENCH	· //	2111	2 - +
Conditions, if a	ny, which (b)	rtenidscleri	DILC HEN	LIKT J	dise as h	1 10	syn	-5
(a), stating the	underlying DUE TO	210			24			
cause last.	(-)	MINGED	MYOCAR		+ Ail	-		
PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN I	N PART 1(a) 1		UTOPSY RMED?
SHRILLIA	INY RETENT	10N- BENLE	N PPACT	DIE 1	HVPFD-	TROPITY		NO A
20a. ACCIDENT		DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Part I or Pert II of		7		£_3
PART II. OTH	G CAUSE OF DEATH							
		Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fer	m, ! 2Df. (City or	town	(County)		(State)
20c. TIME OF IN		VhileNot While fe	ctory, street, office bldg., et			100011197		(o.oie)
Polit		work at work		1		-	, ,	
21. I certify	that (I) (this hospital) at	tended the deceased from						
saw the dece	ased alive on ONIR	19 6 2 and the	t death occured a	.P.M. from t	he causes and	on the da	ite stated	above
220. SIGNATURE		- 4 4						DATE
	20 ker		M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	8	BYD,	1 EIGNED
22c. PHYSICIAN			22d. ADDRESS		-		11-1	D'
NAME (Typ	e)							
224 BURIAL CORMA	TION, 1 23b. DATE THEREOF	23e, NAME OF CEMETERY	OR CREMATORY	1924 MCATI	ON (City, lown or	- manumán-l	10.	ote)
AMOVAL Specif	Y) 1. 1.	0 0 0	OR CREMATORT	L 230.	OH (City, lown of	- ()	(5)	016)
1 Duricel	Upr 11-198	Reday 19	luff cemil	1 cm	mape	Hus	. h	11
24 FUNERAL DIRECTO		ADDRESS	25a, RE	C'D BY REGISTRA	R 25b. ÆEGISTI	CAR'S SIGNAT	TURE	
Joem of	7. Taylor Sm	· mapse	DATE !	IPR 1 2 '62	Onth	us & the	u.A	
*		-						



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH FOR STATE REALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Shadyside D d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE the funeral retained to he State Boo ON A FARM? YES NO NO 3. NAME OF Firs! Middla Last 4. DATE Month DECEASED (Type or print) DEATH HEMRY 19 62 Amril 19 ive Pages 1, 2, and 3 to PM3. Page 5 may be pages 1 and 2 with the pages 1 and 2 with the pages 1 and 2 hours after 6. COLOR OR RACE 5. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In yeers LIF UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) Months Male WIDOWED DIVORCED 10s. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) WATENTIAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give with form P permit. File p "in pencil in Item 18. C Office along with form burial-transit permit. Fi smoval, and in any eve 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no. or unkown) | [[fyesgivewar or dates of service] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease with Old IMMEDIATE CAUSE (e) Pulmonary Emphysema. 420,0 DEEXICL Conditions, if any, which (5) geve rise to immediate couse w fil writing the word "pending" to Chief Medical Examiner's Page 3 should be used as a refer to burial, cremation, or refer **DUE TO** (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO . 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Part II of (Iem 18.) 20a. EXTERNAL CAUSE WAS if the certificate, writing the vorwarded to the Chief Med.
DIRECTOR: Page 3 shoul agent, prior to burial, c PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. al work at work 21. I certify that I took charge of the remains described above, held an Autopsy be Inspection and in my opinion please execute the certific is should be forwarded to be the busectory its designated agent, by its designated agent, by death resulted from: Natural causes X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER TO DATE SIGNED SIGNATURE 4/19/62 DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) Address (Street: city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Spacify) Q40 p 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur & Thomas 5M 9/60

RYLAND STATE DEPARTMENT OF REALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 24 after Ellen Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) urne 906 Rose anne Rol completely 3. NAME OF DATE Month paper DECEASED OF (Type or print) DEATH within carbon SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) pue WIDOWED DC DIVORCED physician remove USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) done during most of working life, even if retired) aint sparier 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unkown) | [Ifyesgive werer detes of service] attending physician. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the burial-transit DUE TO gave rise to immediate cause DUE TO (e), stelling the underlying certificate has ceuse lest. 92 2 150 prior 20e. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) Month, Day, Year factory, streat, offica bldg., etc.) Hour a.m. While Not While at work al work RECTOR: 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on................. 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. O HOSPITAL death. Page A O FUNERAL I director, page 3 be filed with the M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, 23b. DATE THEREOF OR 0 25e. REC'D BY REGISTRAR VR A15 (4) 15M 9/60

2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) . IS RESIDENCE ON A FARM? YES NO K Day 2 6 19 AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY?

> 906 Rose anne Rol INTERVAL RETWEEN ONSET AND DEATH

> > (County)

(Stete)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? NO To

1 - 1962 and that death occurred at I.P.M. from the causes and on the date stated above. 22b. DATE

(Stete)

25b. REGISTRAR'S SIGNATURE

arthur & How

93030 each and a garage and a garage E STATE V -yard - Charles The second secon VASSAGETIMBS BUT THE SUMMORES AV THE RESIDENCE OF A STATE OF THE PARTY OF THE among the second of the second

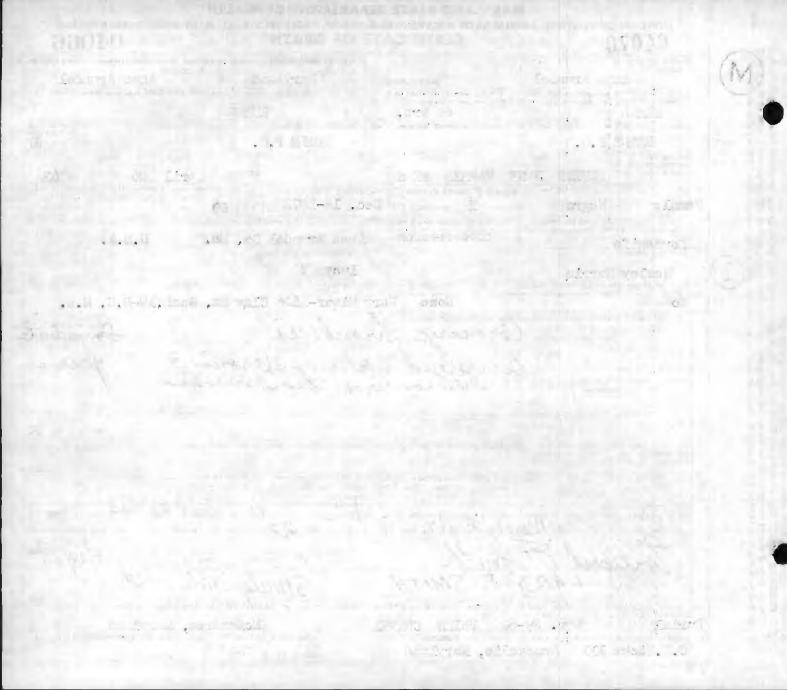
VR A15 (4) ISM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF OTO CERTIFICATE OF DEATH

MADCC

	U			•	0.3000
I. PLACE OF DEAT	Н		2. USUAL RESIDENCE	CE (Where deceased lived, If Ir	stitution; Residence batore edmissio
a. COUNTY	nne Arundel		a. STATE Mary	b. COUNT	Anne Arundel
	(if outside corporate limits,	c. LENGTH OF STAY IN 16		f outside corporate limits, write	
write RURAL and	d give nearest town)		C. CHI OKIOWIA		KOKAL and give neerest town,
RURAI		60 yrs.	Z	RURAT.	
d. NAME OF HOSPI	ITAL OR INSTITUTION (if no	of in hospital, give street eddress)	d. STREET ADDRESS		o. IS RESIDENC
	E P.O.		DEATE F	2.0.	YES NO
3. NAME OF DECERSED (Type or print)	IOUISE JAN	Middle E HARRIS BTAS	Last	4. DATE Month OF DEATH April	26 19 62
5. SEX	6. COLOR OR RACE 7		DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Female	Manage		Dec. 18-1872	last birthday) 89 yrs.	Months Days Hours Min.
tone during most of wa	TION (Give kind of work orking life, even if relired)	106. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Count	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTR
Housewife		**************************************	Anne Aminde	1 Co. Md.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Wesley	Harris		Lucy ?		
S. WAS DECEASED EV	ER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	*
NO NO	If yes give wer or dates of service	None Ma:	ry Minor-4626	Clay St. Wash	.19-D.C. N.E.
IB. CAUSE OF	DEATH [Enter only one cau	se par line for (e), (b), and (c).]	1 2		INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	oronary the	1 Kan hear A	,	ONSET AND DEATH
1120	IMMEDIATE CAUSE (a)	2 de la company	Just 11 Just 1 Just 1		Commence
7201	DUE TO	Hann Bind	o to in a	Geroui 8	Weak
Conditions, if engage rise to immed		terralized u	russione	cerous o	pari
(a), stating the u	DITE TO	arteriosele	rotte hear	rouseans	-
cause last.	(c)				
PART II. OTHE	R SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	
8					YES NO D
	AS UNDERLYING [20	b. DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in F	Part I or Part II of item 18.)	
OR CONTRIBUTING	CAUSE OF DEATH				
1 20c. TIME OF INJU	URY Month, Day, Yeer	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm	, ' 20f, (City or town)	(County) (State)
20c. TIME OF INJU		Whila Not Whila fact	lory, straet, office bldg., etc.		(222)
p.m.	19	et work at work	1	1 1	
21. I certify	that (I) (this hospital)	attended the deceased from.	Jetter !	1960 to Upul 2	(6., 1962; that (1) (**) la
saw the decea	sed alive on	Cla 30 19 62 and that	death occured as 2	P.M. from the causes a	and on the date stated above
220. ALCHATURE	000	1/3/1/			/ 22b. DATE
/ soll	Vord OT	Bruth "		RED, STAFF	4/29/51GNI
22c. PHYSICIAN'S		o mary	22d. ADDRESS_/	101	Mad 1 402
NAME (Type	WILLARD	1. SMITH	5/2	ady side 1	THEY.
3a. BURIAL, CREMAT	ION, 236. DATE THEREOF	23c, NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town	n or county) (State)
REMOVAL (Spacify	1	10		The second second	
4 FUNERAL DIRECTO	1 44 4 40 /	OZ UNION CHAPE		McKendree, M	STVIANO
C_E_Hicks		olis, Marvland			ISTRAN S SIGNATURE
0 4 TO 911 TO 1/2	A SHIT WILLIAM	Our Pa Mer ATOTIC	DATE	(2 '62 Cat	how & through



VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OLOGO CERTIFICATE OF DEATH OLOGO 04071

04067

1. PLACE OF DEATH				2.	USUAL RESIDE	NCE (Where	deceased lived, If	Institution: Re	sidence	before e	dmission)
Anne Arund	lel		MARYLANI	D	"Maryland	d	b. cou	ne Arui	ndel		
b. City OR TOWN (if out write RURAL and give Crownsvill	nearest town)	3, 9	26 years mos. 7 day	16	South Ri		orporate limits, wri			•	rn)
d. NAME OF HOSPITAL		f not in hospita		-	d. STREET ADDRES			-			ESIDENCE
Crownsvill					?						A FARM?
3. NAME OF DECEASED	First		Middle		Last	4. DAT.	E Mont	h	Day	Yea	r
(Type or print)		remiah			Blake	DEA	тн 4		18	19	62
5. SEX 6.	COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D/	ATE OF BIRTH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9. AGE (In years		EAR		24 HRS.
Male	Negro	WIDOWED [DIVORCED [7	/4/14		last birthday)	Months D	ays	Hours	Min.
10e. USUAL OCCUPATION done during most of working Farm-Hand	(Give kind of work life, even if retired	106. KIND	OF BUSINESS OR INDU	JSTRY 1	Marylan		or toleign country	,	U.S		COUNTRY
13. FATHER'S NAME			* ***	14.	MOTHER'S MAIDE	EN NAME		.,			-
Charlie Bla	ake				Carrie	7					
15. WAS DECEASED EVER IN (Yes, TO unkown) (Ifyess	U.S. ARMED FOR Divewar or detector of se	me design	nknown		spital Re	cords	Addres	\$			
18. CAUSE OF DEAT	H (Enter only one	cause per line	for (a), (b), end (c).)							RVAL BE	
PART I. DEATH WAS CAUSED BY: Coronary Occlusion									ONS	ET AND	DEATH
4201	DUE TO										
Conditions, if any, w	Conditions, if ony, which \ (b) Arteriosclerotic Cardiovascular Disease										
	geve rise to immediate cause										
(a), stating the underl	ying DUE TO										
	NIFICANT CONDIT	IONS CONTR	BUTING TO DEATH BUT	NOT RE	LATED TO THE TERM	MINAL DISEA	SE CONDITION GI	VEN IN PART 1	(a) 19	. WAS A	UTOPSY
САПО			ronic Brain								NO K
OR CONTRIBUTING [] C	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, [Enfor neture of injury in Part I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
ZOC. TIME OF INJURY Hour e.m,	Hour e.m, While has work fectory, street, office bldg., etc.)										
	21. I certify that (I) (this hospital) attended the deceased from 4/20 19.34 to 4/18 19.62, that (I) (we) last saw the deceased alive on 4/18 19.62, and that death occurred 3:30M from the causes and on the date stated above.										
223 SIGNATURE LUCCION 221. PHYSICIAN I	Hele	of K	eim	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.		4/:	18/6	2 DATE
	ildegard	Heard	Reissman, N	I. D.	Crowns	ville	State Hos	pital,	Ma.	ryla	nd
23a, BURIAL, CREMATION, REMOVAL (Specify)	236. DATE THER 4-2/-6	FOF 2	3c. NAME OF CEMENT				OCATION (City, to	own or county)		(5	iteta)
24 EUNERAL GIRECTOR'S	and the same	1348	2 Madores Carlos	om	1 5 7 DATE	APR 2 3	31STRAR 2Sb. RE	GISTRAR'S SI Lithun S.			

THUBO ニー・バー・アンドラング the property of the property o THE STREET STREET WITHOUT STREET STREET STREET

W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed I'ved, if institution; Residence before admission) a. COUNTY a. STATE **b.** COUNTY MARYLAND Maryland Anne Arundel
c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Anne Arundel b. CITY OR TOWN (if outside corporate imits, E. LENGTH OF STAY IN 16 write RJRAL and give seerest town) Crownsville Crownsville Pages executed within d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address) d. STREET ADDRESS Waterbury Road Bax 104 Waterb rv Road completely I. NAME OF DECEASED HOMARO (Type or print) BBYER DEATH Anril carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. pue last birthday) Months Male White Sept. 75 WIDOWED X DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Sieta, or foreign country) remove done during most of working life, even if retired) Anne Arundel Co. Md. Self-Employed Farmer (ret. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Shipley Albert Bover 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((fyes give we ror detas of service) Mr. Burton Boyer Glen Burnie, Md. ng physician. 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) UE TO Conditions, if any, which has been geve rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY certificate 20e. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18) After this 20c. TIME OF INJURY 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While et work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from.... UNC and that death occurred at 1.44M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. TO HOSPITAL death. Page 4 director, page 3 be filed with the M.D. 22d/ ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 14th April 162 Baldwin Mem. Ch. Cem. Millersville. 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE APR 16 Cirlling S. Kener Glen Burnie, Md.

ARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO X

19 62

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

PERFORMED? NO

11th

(County)

M. 1995 that (I) (we) last

15M 9/60

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RYLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** triccitus Int 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY Page e. STATE b. COUNTY 95. Anna .Arundel MARYLAND Same Same b. CITY OR TOWN (if outside corporete I m Is, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give negrest town) write RURAL and give nearest town) ŏ Board _Severn months Same d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) ō d. STREET ADDRESS . IS RES. DENCE ON A FARM? retained I he State B YES NO NO S. Crain Highway Same Middie DATE 4. Yeer DECEASED 0 the (Type or print) DEATH Donald Farl Braden JF UNDER 24 HRS. AGE (In yeers WIT: 5. SEX 8. DATE OF BIRTH 7. MARRIED FUNDER 1 YEAR NEVER MARRIED XX s 1, 2, and 3 age 5 = ay 1 and 2 will 72 hours a last birthdey) Months Days Hours Mln. WIDOWED [DIYORCED 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Page done during most of working life, even if retired] 18. Give Pages pages 1 Insurance agent USA ■M3. 13. FATHER'S NAME <u>F</u> FORT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.! 17. INFORMANT Address (If yes a vewer or detectors of service) with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). Office along burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (e) Coronary Occlusion Sudden Office a ICAL EXAMINER: This certificate should be removal, DUE TO Conditions, if env. which (b) "pending" geve rise to immediate cause S FD DUE TO (a), steting the underlying lease execute The certificate, writing the word "bendin should be forwarded to the Chief Medical Examiner" FUNERAL DIRECTOR: Page 3 should be used as it designated agent, prior to burial, cremation, or or cause fast. PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (State) Not While fectory, street, office bldg., etc.) While Hour a.m. 61 work el work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry | X and in my opinion death resulted from: Natural causes X Accident Undetermined manner Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** Address (Street, city, town, or county) Glen Burnie, Md. (Stete) NAME (Type) Gustave Faubert NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. REMOVAL (Specify) ₫40 p DURIA 24b. REGISTRAR'S SIGNATURE VS. AISME DATEAPR 5M 9/60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH A Anne A 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) . COUNTY COUNTY Same Anne Arundel Sane Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) for your Board of F write RURAL and give negrest town) Pasadena, Lake Shore Pagadana Liake Stille Win housing and sylent address)
NAME OF HOSPITAL OR INSTITUTION HE not in housing a sylent address)
ROULE 7 BOX 202 Same d. STREET ADDRESS n. IS RESIDENCE Route ON A FARM? retained he State B YES NO Same Pasadena death. 4. DATE DECEASED the (Type or print) (Sat DEATH with 5. SEX 7. MARRIED NEVER MARRIED B, DATE OF BIRTH AGE (In years | IF UNDER TYEAR HE UNDER 24 HRS. 2, and 5 may 1d 2 with ios birthdey) Months hite WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF INDUSTRY IT. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! dona during most of working life, avan if retired) with form PM3. Pages 1, a permit. File Deges 1 and any event, within 72 USA Baltimore, Md. Repair 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (KRUG) Anna Klugg Henry Brock 15. WAS DECEASED EVER IN U.S. ARMEDISORCEST 16. SOCIAL SECURITY NO. 17. INFORMATTS . Bessie Addres Brock (Wife) Mrs. F.F. Brock (wife) Yeu8/17/18 1W War. 19 212-10-1291- A SAME ADDRESS Office along v burial-fransit p moval, and in INTERVAL BETWEEN Sudden PART I. DEATH WAS CAUSED BY: Occlusion Coronary IMMEDIATE CAUSE (a) certificate should be Office DUE TO (b) geve rise to Immediate cause D) N pending DUE TO Exam ner's (a), stating the undarlying ö to the certificate, writing the word "pend forwarded to the Chief Medical Examin L DIRECTOR: Page 3 should be used a sent orion to burial, cremation, or cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Not While Hour e.m. While please execute the certificate, 4 should be forwarded to the DECTOR; por its designated agent, prior at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 7 Inquiry and in my opinion ICAL death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY 4/8/62 DEPUTY MEDICAL EXAMINER TE **EXAMINER'S** NAME (Type) Gustave H. Faubert, M.D. Addre 220. Burial, CREMATION, 226. DATE THEREOWED 22c. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) Glen Burnie, Md. 22d. LOCATION (City, town, or country) REMOVAL (Specify) Balto.U.S.Nat'l.Cem. Baltimore 28, Maryland 408 EVANS ADDRESS& SON . Balto 1240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE A15ME 1400 S. Charles St. 30. Md. DATE APR 1 0 '62 Cirching S. Kinus

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RE TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission **R. COLINTY** L. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis Waterbury 5 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Y Anne Arundel General Hespital 3. NAME OF Middle 4. DATE Last Month DECEASED OF (Type or print) George BROOKS DEATH 19 62 April carbon 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH and last birthday) Months Hours Male Negro WIDOWED DIVORCED VEL. physician 10s. USUAL OCCUPATION (Give kind of work 11. SIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if relired) U.S. Maryland 13. FATHER'S NAME please affending (Yas, mazer unkown) | (If yas giva war or dates of service) physician. 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c) ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immadiate causa DUE TO (a), stating the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19 WAS AUTOPSY After this certificate **CENTIFICATION** PERFORMED? buenembage 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 16.) ECTOR: Arren 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (Courty) (Stata) factory, street, office bldg., atc.) Whila __Not While Hour a.m. at work at work p.m. 21. I certify that (I) it ochospies attended the deceased from... Apr. 23, ..., 19.62 to Apr. 28, ..., 19.62, that (I) (X20) last 22b. DATE death. Page TO FUNERAL director, page 3 si be filed with the STAFF SIGNED DIRECTOR PHYS. /30/62 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Gerard Church, M.D. 121 Cathedral St., Annapelis, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION City, town or county CEMETERY OR CREMATORY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 DATEMAY 2 C'allung S. Henra

LAND STATE DEPARTMENT OF HEALTH



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Page purial	~	b. CITY OF TOWN (If outside corporate Rms), we to durat c. LENGTH OF STAY IN 1b c. CENT OR TOWN (If outside corporate limits, write RURAL and give nearest town)
rector	X	d. NAME OF HOSPITAL OR INVITUTION (IF not in pospital, give when oddress) 145 Balsgate Road YES NO. 145 Basgate Road YES NO. 18
ny dela neral d your fil egistrar		3. NAME OF DECEASED (Type or print) PLAN BADDELL BATH LOST OF DEATH LATER Month Day Year 1962
o the fa		5. SEX 6. COTOR OR BACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In you) IF UNDER 1YEAR IF UNDER 24 HRS If UNDER
ond 3 to certain and 2 will		100 (USUAL OCCUPATION (Give kind of work done done done) 10b. KIND OF BUSINESS OR INDUSTRY TRANSPIRED (Stote or foreign country) 12. CITIZEN QE.WHAT COUNTRY? ACCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN QE.WHAT COUNTRY?
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ive Pages rage 5 File pag	(T)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (You, no, or unknown) (If you, give wor or dotes of service) Address Address Address
n PM3.		18. CAUSE OF DEATH [Enter only one cause per line for of) (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) MALE OF DEATH (Enter only one cause per line for of) (b), and (c).]
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fing" in Office	Λ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOT
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the ward lical Exam 3 should	02	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f (City or town) (County) (Stote) Hour a.m. While Not while foctory, treet, office bldg., etc.) A A A Md.
writing ief Med R: Paga		21. I certify that I took charge of the remains described above, held an Autapsy, Inspection Inquiry, and find that death resulted from: Natural causes Accident, Suicide, Hamicide, Undetermined cause
CTO		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER (
he certi		EXAMINER'S TELP BARCH DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT
forword TI FUN		220. BURIAL CREMATION 1226. DATE THEREOF 22c. NAME OF CEMETRAY OF CREMATORY 22d LOCATION (City, topin, or county) Association (City, topin, or county) Association (City, topin, or county)
/S. A15ME(5) 5M 9/55	61,	23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REC'D BY REGISTRAR'S SIGNATURE DATE APR 2 4 '62

Item 20 Film 3MARYLAND'STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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Give I Give I A3. Po it. File			(1180	no, or unknown) (If yes, give war or dates of service) AlbacBibliograff 145Besquite 186 18. CAUSE OF DEATH [Enter only one cause per line to 10), (b), and (c).)
cuted v arm 18.				PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (D) Thunk diffic full fill for the fil
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CAMI hing I Med Poge				21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry ., and find that
Chief Chief CTOR:				death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
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VS. A15ME(5	0 \	1	3	FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE APR 2 4 '62 DATE APR 2 4 '62
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04078 CERTIFICATE OF DEATH Reg. Dist. No. 1 Chy PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY ann arundel Co **b.** COUNTY Then Burner MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 30 reder Ilea Brune d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES | NO P 10000 NAME OF Middle 4. DATE DECEASED Herman OF DEATH april (Type or print) trunk 1962 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Doys WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country)

Clark of Jense & J.

A. A. Os. M 12. CITIZEN OF WHAT COUNTRY? Maryland. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Stolling Frank Harrison Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address my Walle Solley 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Hemouloga **DUE TO** Cardio. Vascular Deserva 3 4-1 42 Conditions, if ony, which gave rise to immediate DUE TO cosse (a), stating the underlying couse lost, PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO FT 20° ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part 1 or Part 13 of item 18.] 20c. TIME OF INJURY Doy. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work . 1959, to april 3 , 1962 that I last saw the deceased 21. I certify that I attended the deceased from A the 19 6 2 , and that death occurred at 750 B.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 7 PHYSICIAN'S ame J. Bellen sales NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) page (State) FINNERACIDIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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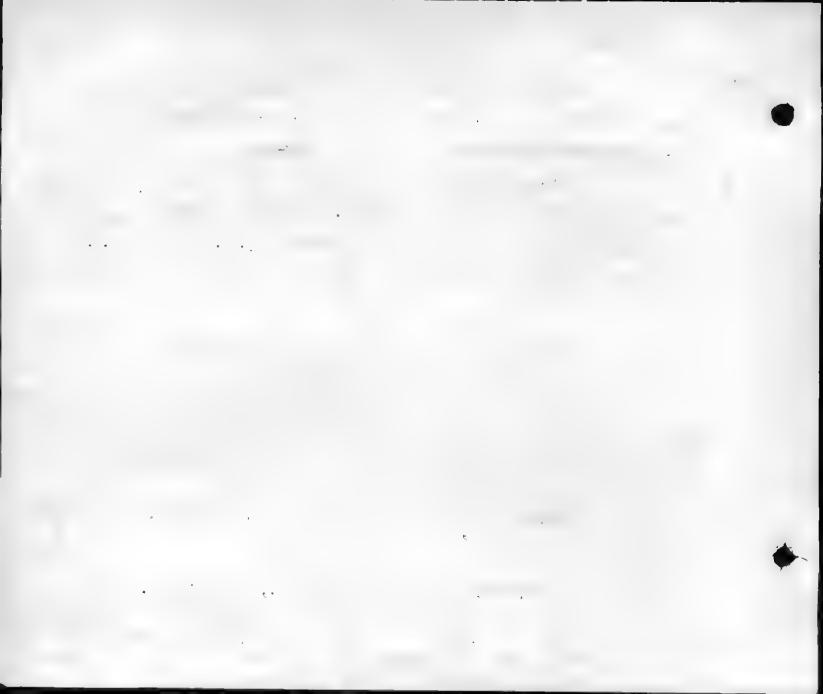
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

OAOPI 04076

1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)				
i)	Anne Arundel	Maryland Anne Arundel				
/	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)				
	write RURAL and give nearest town)	X DIDAT THE STATE OF THE STATE				
12	Annapolis 4 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	RURAL - Edgewater				
1	A -	ON A FARM?				
	Anne Arundel General Hospital	Box-284				
	3 NAME OF First Middle DECEASED	Lasi 4, DATE Month Day Year OF				
1	(Type or print) Eleta /SATHERINE	BULL PEATH April 26 1962				
	5. SEX 6. COLOR OR RACE 7. MARRIED B	DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthdey) Months Days Hours Min.				
	Female White WIDOWED DIVORCED	Sept. 14. 1920 Last burndey Months Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR					
	done during most of working life, even if retired)	Machineton D G II C				
	13. FATHER'S NAME	Washington, B. C. U.S				
	Tark Chil.	C/				
	TJACK JKILDING	GLADYS. LYER				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. (Yes, no, or unknown) (Hypergive were or detected service)	MFORMANT				
		NTON 1 Buch # 2				
	1B. CAUSE OF DEATH [Enter only one cause en une for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH.				
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,	(e), stating the underlying DUETO	,				
	cause last (c)					
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	OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]					
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	Hour a.m. While Not While	rory, street, office bldg., etc.)				
		June 1957, to April .25, ., 1962, that (i) 1896) last				
	saw the receased align on	death occured at				
	220 SIGNATURE	ATTENDING MED. STAFF 226. DATE				
	there A. Welch	D. PHYS. DIRECTOR PHYS. 1				
	22c. PHYSIC AN'S	22d. ADDRESS				
	James R. Martin	6 Shaw St., Annapolis, Md.				
	238. BURIAL, GREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY					
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y	134R/AL TO 21-62 1/440 1818	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
1	24 FUNERAL DIRECTOR'S SIGNATURE	- M V				
7	John W. Joy Tort your Cumapous	On DATE MAY 1 62 Onthe & House				



CERTIFICATE OF DEATH Reg. Dist. Na 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If butside corporate limits, write RURAL and afive negrest fown) RURAL and give nearest town) Muruil d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 25 YES NO IF .5 NAME OF 4. DATE Middle Last Filled DECEASED (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years last birthday) Months Days WIDOWED [DIVORCED | comple 100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most-pf working life, even if retired) Ca puo carbon offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S certificote physici Bove hours IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO INFORMANT 72 attending deoth o ease 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH Ď. PART J DEATH WAS CAUSED BY: 5 May IMMEDIATE CAUSE to the DUE TO 22 Conditions, if any which permit gave rise to immediate DUE TO cause (a), stating the underlying cause lost burial-transit physician has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DE 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 1 of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while 19 ot work at work p. m 196 That I last saw the deceased 21. I certify that I attended the deceased fram be detached and that death accurred at M, fram the causes and an the date stated above. TO FUNERAL DIRECTOR: page 3 shauld be detact ADDRESS (Street, city or town, state) DATE SIGNED prior ACTUAL SIGNATURE PHYSICIAN'S he registrar NAME (Type) 220. BURIAL, CREMATION, THEREOF 22c. NAME OF CEMETERY OR CREMATOR LOCATION 22d (Cub, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A15 (4) DATE THANK 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) ALTH DEPT I. PLACE OF DEATH a. COUNTY b. COUNTY Page Anne Arundel irginia MARYLAND b. CITY OR TOWN (if outs de corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m is, write RURAL and give neares, lown) write RURAL and give nearest town) Board of Alexandria Rose Haven Yacht Club d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 1705 Price Street retained he State B death. Anne Arundel General Hospital YES NO 3. NAME OF Midd.m 4. DATE Month Year DECEASED OF the RUTH BURTON DEATH 1062 (Type or print) 2 with 1 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 8. DATE OF BRITH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. idey) Months Davs Hours and 2 Female WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages | within Give Pagir rm PM3. I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daisy Fadely with form P. Ira Barton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war ordates of service) No Demaine Funeral Home-520 So. Washington St. Alexandria, Virginia 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along v burial-transit p moval, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (a) Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying 202 Examiner' nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 Medical should be YES X NO -20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I) or Part II of Item [8] PRIMARY | or CONTRIBUTING | the Chief Me R: Page 3 sho for to burial, CALISE OF DEATH. Fell into 3' of water while cleaning stern of boat the certificate, writing | 20d. INJURY OCCURRED | 20a PLACE OF INJURY (Home, ferm, 20f. (City or town) while Not While | 1 factory, street, office bldg., atc.) Rose Haven 20c. TIME OF INJURY Month, Day, Year (County) (Stole) Hour XOCK 1062 Anne Arundel Md. please execute the certificate, v 4 should be forwarded to the O FUNERAL DIRECTOR; p. or its designated agent, prior t et work al work Yacht Club Boat 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident A Undetermined manner Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TA 23-62 RIECKERT, M.D. NAME (Type) Address (Street, city, town, or county) 1 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22d, LOCATION (City, town, or country) (State) REMOVAL (Specify) 40 9 O Removal Alexandria Virginia FUNERAL DIRECTOR **ADDRESS** VS. AISME arthur & Kenya SM 9/60

AARYLAND STATE DEPARTMENT OF HEALTH



VR A¹5 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

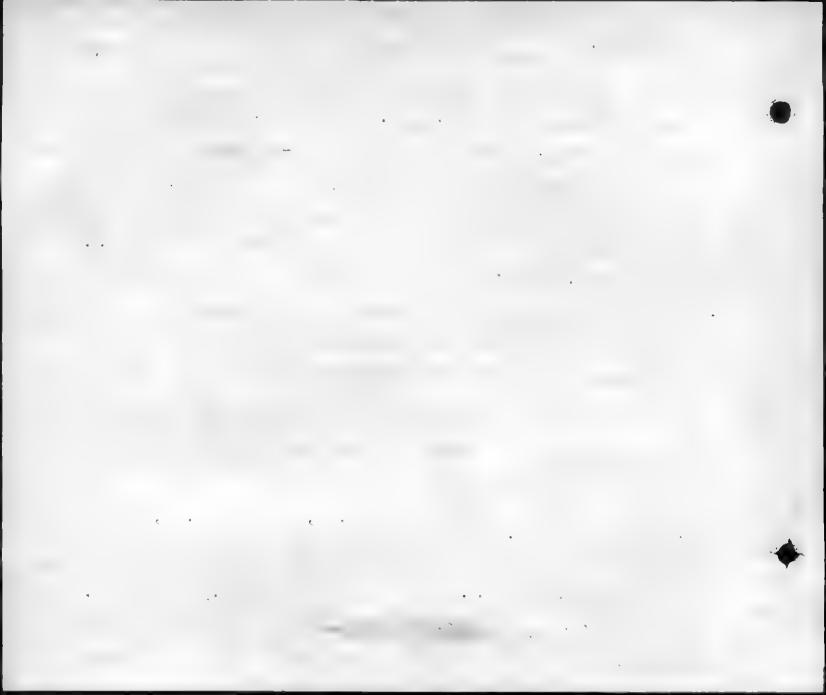
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14083

CERTIFICATE OF DEATH

04079

V	A. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission)
٧	Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Anne Arundel
4	b. CITY OR TOWN Lif outside corporate limits. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	write RURAL and give nearest town) Annapolis 1 mo. 21 da.	X RURAL - Annapolis
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 1 o. IS RESIDENCE
		ON A FARM?
	Anne Arundel General Hospital	Rt-4, Box-90
	3. NAME OF first Middle Middle	Lest 4. DATE Month Dey Year
	(Type or print) Margaret	BUTLER April 12 1962
		DAYE OF BIRTH 9. AGE IN YOUR IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female Negro widowed Divorced	Months Deys Hours Mn.
-	10m USUAL OCCUPATION (Give fund of work done during most of working his, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HAMAR MILLE	Maryland U.S.
	13: PATHER'S NAME	14. MOZHER'S MAIDEN NAME
	MATALU BUTTOR	al some Home one.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NOT DE	(NFORMANT Addrass
	(Yas rp. or unkown) (If yes give we rordeles of service)	2. 110-00 10 mm Os anson MI
	1/0-1-	ery Horoca NI413077 Octobrilla
	18. CAUSE OF DEATH Enter only one cause par line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) ACUTE CARDIAC fail	Lure 5 weeks
	DUE TO	
	Conditions, if ony, which (b) Hypertensive cardi	lovascular disease 10 years
	gave rise to immediate cause	
	(a), stating the underlying Causa last.	
	(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19. WAS AUTOPSY
	S S S S S S S S S S S S S S S S S S S	PERFORMED?
	<u> </u>	AEZ WO KI
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20%. ACCIDENT WAS UNDERLYING 20%. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH II FETHER, NOTIFY MEDICAL EXAMINER)	(Enter natura of injury in Pert I or Pert II of item 18)
i		
		CE OF INJURY (Home, farm ' 20f. (City or lown) (County) (Stete)
	Hour a.m. While Not While p.m. 19 et work at work	all array outse areas areas
		Feb. 23,, 1962, to Apr. 12,, 1962., that (1) (WE) last
	saw the deceased alive on Apr. 12, 19.62, and that	death occured at
,	22a, SIGNATURE	4:30 PM 226. DATE
	Jour / Calley M	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 1/13/62
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Aris T. Allen, M.D.	52 Cathedrel St., Annapolis, Md.
	23. BURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY	#1
	REYOVAL (Specify) 4-17 1962 II. MARCH	esternito No mounts Mich
	PA FUNERAL DIRECTOR'S SIGNATURED APPRECIA	258. RECU BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	William Romet (Many	11/1/ 1962 72 02
1	JULICELLAN JECUCETA CO O COLONIO	DATE Trans



1	MARY DIVISION OF STATISTICAL RESEA	YLAND STATE DEP	ARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE	1 MARYLAND
To P	04094	CERTIFICATE	OF DEATH	_04080 _
funeral short	1. PLACE OF DEATH COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Insti- a. STATE Washington, D.C.	tution: Residence before admission)
er dead	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) Laure I	32 yrs 4 mos.	c. CITY OR TOWN (If outside corporate limits, write RU Washington, D.C.	RAL and give nearest town)
Pages ours aff	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho Children's Center	spilal, give street address)	d. STREET ADDRESS 318 15th Street, N.E	IS RESIDENCE ON A FARM? YES NO X
mpletei papers n 72 h	3. NAME OF First DECEASED (Type or print) Alfred	M.ddle	Carbonaro DEATH Apri	
d co co withi	5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED 8.		INDER 1 YEAR IF UNDER 24 HRS.
car car int, v	Male White wow		1-23-21 41 yrs.	12. CITIZEN OF WHAT COUNTRY?
riffical rsiciar rmove y eve	done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	Washington, D.C.	USA
phy phy se re	13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAME	
ding ding pleas	Joseph Carbonaro		Josephine	_
The second secon	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yas, no, or unkown) (Ifyasgivawerordetesafsarvice)			, Maryland
that the the the	NO 18. CAUSE OF DEATH [Enter only one cause per		S Records Laurel	INTERVAL BETWEEN
siciar d by permi	PART I. DEATH WAS CAUSED BY:		2 comitois	ONSET AND DEATH
requence phy	3 2 " J DUE TO ~	ho to	dation - severe (So	1-th. 14
ding ding sen s	Conditions, if any, which (b)	Tuntal rela	idalian - severa (so	dios transmis
The attent atten	(e), stelling the underlying DUETO			
Signal C	TART II OTHER CICKIESCALT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN BART I(e) 19. WAS AUTOPSY PERFORMED?
CITA pital iffical iffical r to	Pulma a	as tuber	Mai - inseting on ?	Masa YES NO IN
PHYSI file hos his cert l for us lith prio	200. ACCIDENT WAS UNDERLYING 1 20b. DE OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCR BE HOW INJURY OCCURED.	Enter noture of injury in Parts or Part L of stam 18.)	6
DING ned by After I letached of Hea	Hour a.m. While		E OF INJURY (Home, farm, 20f. (City or town) y, street, office bldg., etc.)	(County) (State)
TEN TEN OR Sept.	21. I certify that (I) (this hospital) atlet	nded the deceased from	12/13 1929 10 Palston	, 19, that (I) (we) las
FC Park	saw the deceased alive on		death occured al/192 M, from the causes an	d on the date stated above
DO STATE OF	220. SIGNATURE	yland M.D	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	II/2II/
RAL RAL page virk ti	22c. PHYSICIAN'S James E. Boy	land, M.D.	22d. ADDRESS	7
UNNE Hody, I	23a. BURIAL, CREMATION, 23b. DATE THEREOF	1 23d. NAME OF CEMETERY OF	Children's Center, Is	
Edio O de atit	REMOVAL (Specify) Burial 4-25-62	Children's		Md
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE	A PORKESS Of	250. REC'D BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
15M 9/60	- Du Pennes	mind came	DATE 4-25-62	Children & Kraus



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before a (mission) I. PLACE OF DEATH e. COUNTY b. COUNTY Anne Arundel MARYLAND Marvland Anne Arundel b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necres) town) write RURAL and give neerest town) Board of ! 5 East Linthicum Heights Millersville d. STREET ADDRESS e. IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? refained he State B YES NO Y 103 Juniper Circle Route 3, North Bound Lane. 4. DATE Middle Month DECEASED DEATH 1962 (Type or print) Eileen Marjorie Clark AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED I B. DATE OF BIRTH 2 wif last birthdey) age 5 may 1 and 2 wil 72 hours a WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages 1 form PM3. Pag Gwn Home pages 1 New York N.Y. USA Housewife Florence MANY ADERIO (Yes, no, or unknown) I (If yes give we rordetes of service) IB. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c) Robert Fulton Clark (husband) INTÊRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Crushing injuries to head, chest and extremities IMMEDIATE CAUSE (a) DUE TO removal, gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? NO F 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert II or Pert II of Item 18.) PRIMARY FOR CONTRIBUTING [] the Chief / R: Page 3 s for to buria Month, Day, Year of 2de finite de sails Deceased was found on the side of the road. 20c. TIME OF INJURY factory, street, office bldg., etc.) et work Route Millersville.A.A. Md 21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry and in my opinion DIRECT Undetermined manner Accident Suicide Homicide | death resulted from-Natural causes CHIEF MEDICAL EXAMINER ilease execute the I should be forward. DII FUNERAL DII r its designated a ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAM, NER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER April 12, 1962 Rudiger Breitenecker, M.D. NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g Most Holy Redeemer Cem. Baltimore. Burial April 246 REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE ADDRESS 23. EUNERAL DIRECTOR A15ME Curing S. Thrus Blen Burnie, Md.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY a. STATE **b.** COUNTY Anne Arundel A. A. MARYLAND 90 b. CITY OR TOWN (f outs de corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and c. LENGTH OF STAY IN 16 deal write RURAL and give neerest town) week after Millersville Baltimere Suburban **米州海州河南州州** d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Knowlwood Maner Nursing Home YES NO T Knoll View Beach. Pasadena completely 4. DATE 3. NAME OF Erest Month Midd e Last DECEASED OF (Type or print) DEATH Elizabeth Clough 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lest birthdey) | Months | Days and Hours WIDOWED TH DIVORCED Dec. 19, 1867 Female. 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore. Md. U.S. Housewife 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Careline Kistner Conrad Kistner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT affen Pasadena. Md. (Yes, no, or unkown) (ifyesgive werordetesofservice) W. Meyer, Knell View Beach. Mrs. Caroline 18. CAUSE OF DEATH [Enter only one cause par I ne for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, wi ch. geve rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(18) 19. WAS AUTOPSY PERFORMED? NO Y 20a ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) (County) (Stete) Month, Dey, Yeer 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While at work at work Mar 4/13 196 4 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from19.6.2, and that death occured 2.3. Mufrom the causes and on the date stated above. saw the/deceased alive/lon..... 22e. SIGNATURE STAFF SIGNED DIRECTOR PHYS. PHYS. death. Page 4
TO FUNERAL
director, page 3
be filed with the 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) NNAPOLIS, h 230, BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) April 26.1962 Glen Haven Memorial Park Anne Arundel Co. Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 APR 2 7 '62 Ritchie Hewy. arthur & Karnet de rge /J



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY h. COUNTY a. STATE Anne Arundel Maryland Baltimore City MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Crownsville years 4 days Baltimore BO. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Crownsville State Hospital 221 South Myrtle Avenue 3. NAME OF DATE Middle Last DECEASED OF Charles Coleman (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years) IF UNDER I YEAR | IF UNDER 24 HRS S. SEX B. DATE OF BIRTH last birthday) Manths Male Negro WIDOWED [1894 10s. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country, 12 CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired! Virginia Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Drakon Coleman Betty Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unkown) | (Ifygsgivewerordetesofservice Hospital Records Unknown Yes Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) DUE TO Dehydration and Senility (b) gave rise to immediate causa DUE TO (e), steting the underlying

causa Jast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? CBS with General & Cerebral Arteriosclerosis - Myocardial Ischemia NO IT

20b DESCRIBE HOW INJURY OCCURED, [Enter neture of injury In Part I or Part II of Item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Mapp.

20s. PLACE OF INJURY (Home, ferm, 20d. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While___NewWhile Hour a.m. et work at work p.m.

21. I certify (this hospital) 19,62 2, and that death occured at MM, from the causes and on the date stated above. saw the dazezsed alive 22b. DATE ATTENDING MED STAFF

PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type

McHenry

Lionel

Crownsville State Hospital, Maryland OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county (State)

PHYS.

DIRECTOR

e. IS RESIDENCE

YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

(State)

U.S.A.

11

Days

(County)

ON A FARM?

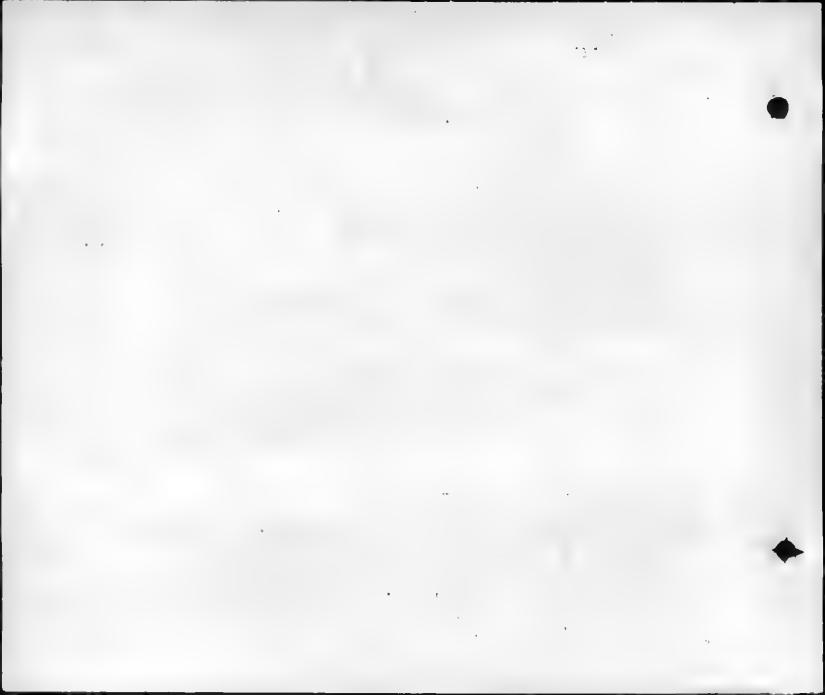
62

23a. BURIAL, CREMATION, 23b REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Corelant & Thomas

M. D.

Pages filled papers. in 72 ho completely and cor physician remove please attending the signed attending Sed the certificate 98 After this RECTOR: FUNERAL director, death.

VR A15 (4) 15M 7/61



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

OAORA

1. FLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission)
Anne Arundel MARYLAND	Maryland Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Annapolis	Annapolis
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
A A 1 0 1 11 16 - 1	ON A FARM?
Anne Arundel General Hospital	131 Market Street YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
(Type or print) Ferdinand C	DAMMEYER DEATH 4 1) 19 62
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Monthel Days House Min
Male White WIDOWED DIVORCED	1=12-81 Bl yrs. Months Days Hours Min.
10s. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
done dyring most of working lyte even if retired)	Danie had ma Ish
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
The Heart Dramana	Co Taplousch
your very varmager	Elise Tankiisch
15/ WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL FECURITY NO. 17. 1	INFORMANT LILLIE J. DAMMEVER
	Hospital files
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	ecie i en u
IMMEDIATE CAUSE (a) TEMAT INSU	
TOU DUE TO	demiseleracis?
Conditions, if eny, which (b) Oculealized as	demoseleraces.
gave rise to immediate cause (a), stehing the underlying DUE TO	
cause last, (c)	
TO A STATE OF THE STATE OF THE CONTRIBUTIONS CONTRIBUTIONS TO READ A BUT AND	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
<u> </u>	PERFORMED?
5	YES NO
PART F. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO. 208. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED (IF ETHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of Item 18.)
	ACE OF INJURY (Home, farm, '20f. (City or town) (County) (State) tory, street, office bldg., etc.)
P.m. 19 el work al work	
21. I certify that (I) (this mospiral) attended the deceased from.	4/15 1962 to 4/19 1962 that (1) (40) last
	death occured a 15 M, from the causes and on the date stated above.
220 SIGNATURE _ / / / / /	22b. DATE
18 11 VX Was Us	ATTENDING MED. STAFF SIGNED; PHYS. DIRECTOR PHYS.
22c PHYSICIAN S	A.D PHYS. DIRECTOR PHYS.
NAME (Type) Richard L. Hochman , M.D.	Franklin Street, Annapolis, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23#. DOCATION (City, town or county) (Stele)
Dunal 4-23-1962 17 1/cm	to cent anapoles ond
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
John M. Vayler and Umnerot	20 119 DATE APR 2 4 162 Cithur & Kraus

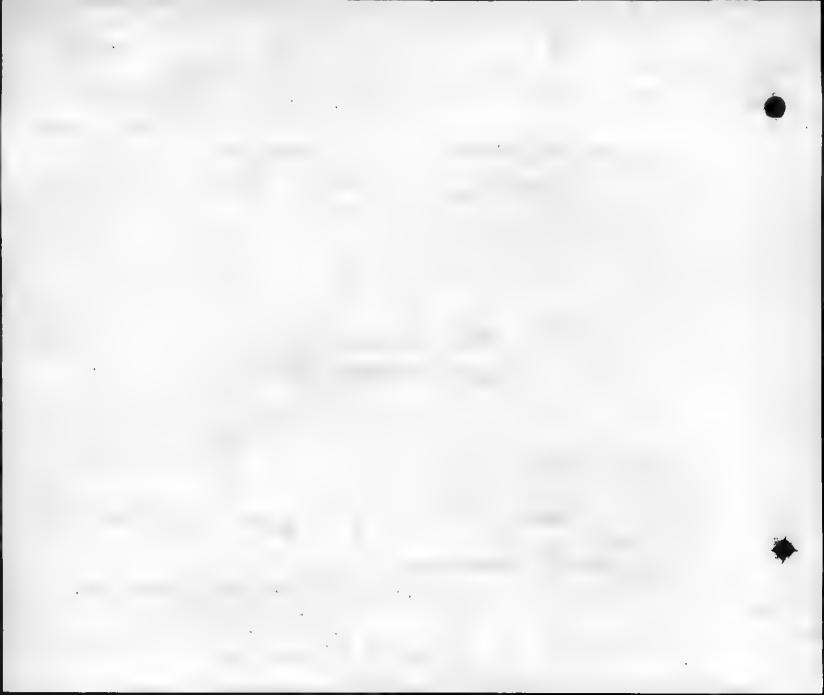
death. Page 4.7 Se retained by the hospital or attending physician.

IO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled it director, page 3 should be detached for use as the burial-trans: permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after 15M 7,61

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

the funeral hours after

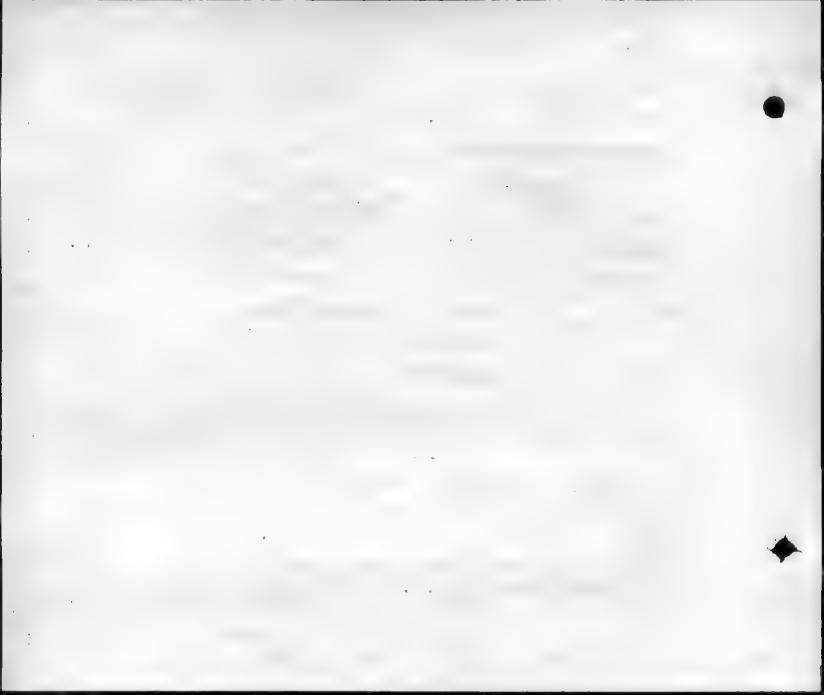
TO HOSPITAL YR A1S (4)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04089 CERTIFICATE OF DEATH . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. county Arundel MARYLAND acyland Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Fort George G. Meade Fort George G. Meade within 24 hours after d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION HOSPITAL ON A FARM? Qtrs # 7106-B YES | NO P 2. 3. NAME OF 4. DATE First Middle Day filled DECEASED DAVIDSOU APRIT. (Type or print) DEATH 10 5 SEX IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE [In years last birthday) (ongolian Female Months Days WIDOWED TO DIVORCED TO 31 Har 62 YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Davidoon Michiko Kikuchi James IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Geo G. Meade, Md. Mother-Otrs #7106B 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Premature Birth - Meonatal death PART 1. DEATH WAS CAUSED BYhrs IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port 11 of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. L Apr 62 l.ar . 19____,that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 4:15A M, from the causes and an the date stated above. alive an ADDRESS IStreet Elty or lown, state ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type) BERNSTEIN. Capt., M.C. FUNERAL ന BURNAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Name (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) APR 5 Circlian & Hans 15M 10/S7



ESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY p. STATE Anne Arundel Baltimore City MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Crownsville Baltimore Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 893 Boyd Street YES NO K Crownsville State Hospital completely 3. NAME OF 4. DATE Year First Middle Month DECEASED OF 1962 26 DEATH (Type or print) Demar Norman pon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH and last birthday) Months Days Hours 750 Male September 40 WIDOWED [DIVORCED physician remove 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or fore gn country) done during most of working life, even if retired) U.S.A. Marvland Laborer 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME please .⊑ affending p pue Unknown Unknown Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address OVal (Yes, no, or unkown) | (If yes give war or detes of service) hysician. Hospital Records Unknown INTERVAL BETWEEN 1B. CAUSE OF DEATH JEnter only one cause per line for (e), (b), end (c). þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed Septicemia IMMEDIATE CAUSE (a) DUE TO Lung Abscess Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. the 9 PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(4): 19. WAS AUTOPSY CERTIFICATION PERFORMED? Chronic Bra, n Syndrome Associated with Central Nervous System Syphilis NO I 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2De. PLACE OF INJURY (Home, farm, (County) (State) 2Dd. INJURY OCCURRED . 2Df. (City or town) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 19.02 that (1) (we) last hospital) attended the deceased from..... 21. | certify/that (I) (this , and that death occured at....A.M., from the causes and on the date stated above. saw the deceased alive 22b. DATE 26/62 NED ATTENDING STAFF PHYS. DIRECTOR PHYS. death. Page 4 O FUNERAL page with th 22d. ADDRESS 22c. PHYS CIAN'S NAME (Type) Lionel McHenry Mapp. Crownsville State Hospital, Maryland rector, 23d. LOCATION (City, town or county) (Stele) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION 23b, DATE THEREOF - E B REMOVAL_(Specify) 0 Buried 25b. REGISTRAR'S SIGNATURE 25a, REC'D BY REGISTRAR VR A15 (4) A 15M 7/61 arthur & Klaus



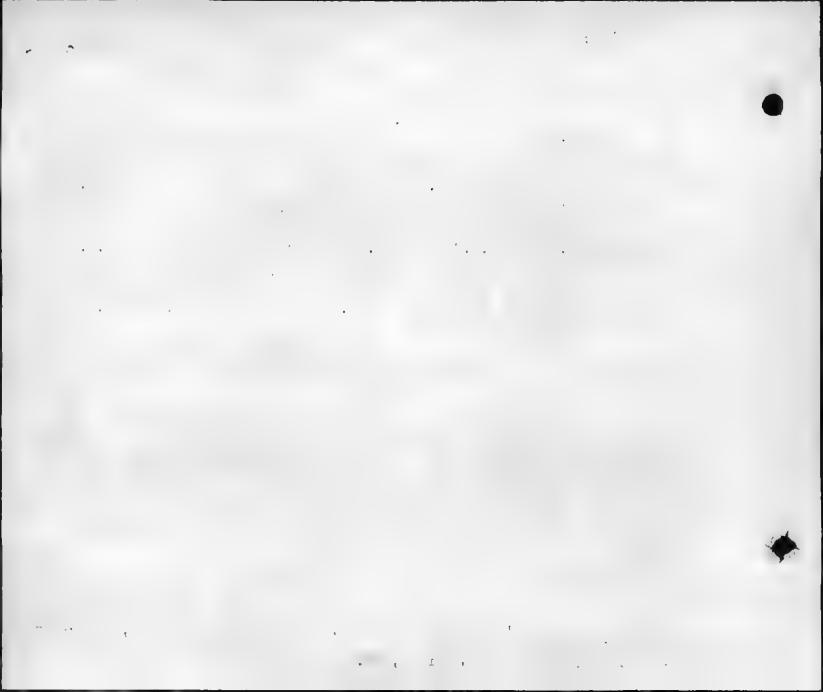
Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence a. COUNTY Page a. STATE **b.** COUNTY Same Sama Anne Arundel files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale lim'is, write RURAL and give nearest town) write RURAL and give negrest town) Glen Burnie few seconds Glen Burnie ny delay is funeral dire d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straal addrass) a. IS RESIDENCE Boar ON A FARM? Intersection of routes #2 & #3 301 Furnace Branch Road retained he State B YES TO NO X 3. NAME OF 4 DETE Middla Month Year DECEASED to the f je L (Type or print) DEATH Brice 1962 Clyde Didlake, Jr. April after 2, and 3 to 5 may be nd 2 with hours afte 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5 SEX B. DATE OF BIRTH AGE (In years If UNDER 1 YEAR) IF UNDER 24 HRS. last birthdey) June 10, 1942 Male White WIDOWED T DIVORCED [19 : 11 B RTHPLACE (Sleta or foreign country) 10a. USUAL OCCUPATION (Giva kind of work Co-owner of suspense 12. CITIZEN OF WHAT COUNTRY M3. Pages 1, 2, M3. Page 1, 2, pages 1 and within 72 F done during most of working life, even if refired) Bus Driver U.S.A. with father. Glen Burnie, Maryland pages 1 P.W3. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Clyde B. Didlake, Sr. Irene Owens 를 15. WAS DECEASED EVER IN U.S ARMED FORCES? | 16. SOC AL SECURITY NO. 17. INFORMANT Address with for permit. I [Yas, no, or unkown] [liyas givawar or datas of sarvica] Yes Marines Parents 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), i INTERVAL BETWEEN "in pencil in It Office along burial-trans t moval, and in ONSET AND DEATH MAN CAUSED BY: Avulsion of brain from cranial cavity. DUE TO (b) Complete severance of 1/3 of upper part of skull. DUE TO Crushed Chest & 10 Examiner's (a), stating the underlying compound Comminuted fracture/left arm and left leg. (also rt. ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 1 79. WAS AUTOPSY Medical Ex should be u (protrusion of PERFORMED? Numerous deep lacerations of body and extremeties incl. YES NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of From 18) 206. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING ite, writing the the Chief Me R: Page 3 shore CAUSE OF DEATH His car was in a collision with a tractor and trailer truck. Month, Day, Year 20d. INJURY OCCURRED Ly20g, PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While 1062 at work at work X Routes #2 & #3 Glen Burnie, A.A.Co.. Drior prior forwarded to 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection | Inquiry and in my opinion Accident x Undetermined manner Natural causes Suicide Homicide death resulted from: CHIEF MEDICAL EXAM, NER ylease execute the should be forward. Direction of the should be forward. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE C DEPUTY DEPUTY MEDICAL EXAMINER NAME (Typa) Gustave H. Faubert, M. D. Address (Street, cty, town, or county) Elen idecanic mi 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) <u>ਕੂ</u> 4 **0** ੁ Burial Glen Haven Memorial Glen Burnie 240. REGISTRAR 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Kirkley Hopping and Glen Burnie. DATE 5M 9 60 3

MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) . COUNTY e. STATE **b.** COUNTY Maryland Anne Arundel
c. CITY OR TOWN (If oulside corporate hmits, write RURAL end give neerest town) Anne Arundel MARYLAND b. CITY OR TOWN (if outs de corporata limits, c. LENGTH OF STAY IN 16 write RURAL and give neeres! town) Pages 1 aurs affer o filled in Odenton Odenton d. NAME OF HOSP TAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? #218 Rita Orive Rita Orive YES NO M completely 3. NAME OF 4 DATE Middle Month DECEASED (Type or print) DEATH 1962 Anri] carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR | F UNDER 24 HRS. lest birthdey) and Months Deys Hours White Male WIDOWED DIVORCED 26世 10e. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) SELV. Edinbufa. Virginia Engineer (ret. 14. MOTHER'S MAIDEN NAME please .= attending | Then please Barton Lucv and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17. INFORMANT Address (Yes, no, or unkown) (Ifyasgive werer datasofservice) 524 E. st., Balto'18 Mrs. Mary Jones Un Francis the the permit. INTERVAL BETWEEN 18. CAUSE OF DEATH lEnter only one signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Udpu IMMEDIATE CAUSE ... burial-fransit Conditions, if eny, which (b) has been gave risa to immediate ceuse (a), sletting the underlying cause last certificate ha PART II. OTHER SIGNIFICANT CONDITIONS DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY PERFORMED? NO [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) 2De. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH Affer 2Dd. INJURY OCCURRED . 2De. PLACE OF INJURY (Home, farm, (County) (State) 20c, TIME OF INJURY Month, Dey, Year 2Df. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work DixECTOR: 3 should be de to (NV) 17 19 () (we) last 21. I certify that (I) (this hespital) attended the deceased from.... And that death occured at A.M. from the causes and on the date stated above. saw the deceased alive 22a. STGNATURE ATTENDING MED. STAFF page 3 swith the DIRECTOR PHYS. PHYS. M.D. death. Page 4 TO FUNERAL. director, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION [City, town or county] (Stete) REMOVAL (Specify) June 162 Meadowridge Mem. Park Howard County. Buria 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DILECTOR'S SIGNATURE ADDRESS VR A15 (4) APR 2 7 '62 15M 9/60 DATE winning & Throng



1. 3

3.

5.

10a. don 13.

15. (Yas

MEDICAL CERTIFICATION

23n.

R 24

MARYLAND STATE D	DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICA	DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TE OF DEATH
9493 CERTIFICA	TE OF DEATH 04089
LACE OF DEATH	1 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
COUNTY	a. STATE b. COUNTY
AA MARYLAND	Maryland AA
. CITY OR TOWN (if outside corporate mis, e. LENGTH OF STAY IN 1b write RURAL and give nearest lown) Glen Burnie	
	Glen Burnie
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
963 Princeton Terrace	963 Princeton Terrace YES NO N
VAME OF First Middle	Last 4 DATE Month Day Year
DECEASED	OF
Type or print) LOUISE, M.	FLEURY 19 62
SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
77	5/13/79 last birthdey) Months Days Hours Min.
	OZ.
USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Maryland
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
COLUMN A LIGHT	
Jos. Conway	Martha Weber
WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17	INFORMANT Address
, no, or unkown) (Ifyes give war or dates of service)	
a No	Family Same
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	terio-sclerotic heart disease
IMMEDIATE CAUSE (a)	carro-Scretorre Hearr drzewse -
TO DUE TO	
Conditions, if any, which \ (b) Cerebral se	laroeie
gave rise to Immediate cause (b) GOPEDPAL BC.	1010010
(a), stating the underlying DUE TO	
cause last. (c) Coronary her	art diseasa
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY
TAR III OTHER SOUTHERS SOUTHER	PERFORMED?
	YES NO .
208. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCUR	tED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)
ridge a.m.	actory, street, office bldg., etc.)
P1111+ 17	
21. I certify that (I) (this hospital) attended the deceased from	n June 19 60 to App 1-1 26 1962 that (I) (we) last
saw the deceased alive on April 20 19.62 and the	eat death occured at 2.:10 from the causes and on the date stated above.
	A.M. 22b. DATE
220. SIGNATURE Samuel Tub	ATTENDING MED. STAFFSIGNED
Committee of the Commit	M.D PHYS DIRECTOR PHYS. 4/27/62
22c. PHYSICIAN'S Samuel Rubin, M.D.	22d. ADDRESS
NAME (Type)	203 Patapsco Ave., Balto. 25, Md.
AN ALLESTA	
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	Clan Durmi a Ma
Burial 4/30/62 Glen Haver	
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
McCully Funeral Homes 130 E. Fort Ave	DATE APB 3 0 '62 Circling & Thomas



TO HOSPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4. be retained by the hospital or attending physician.

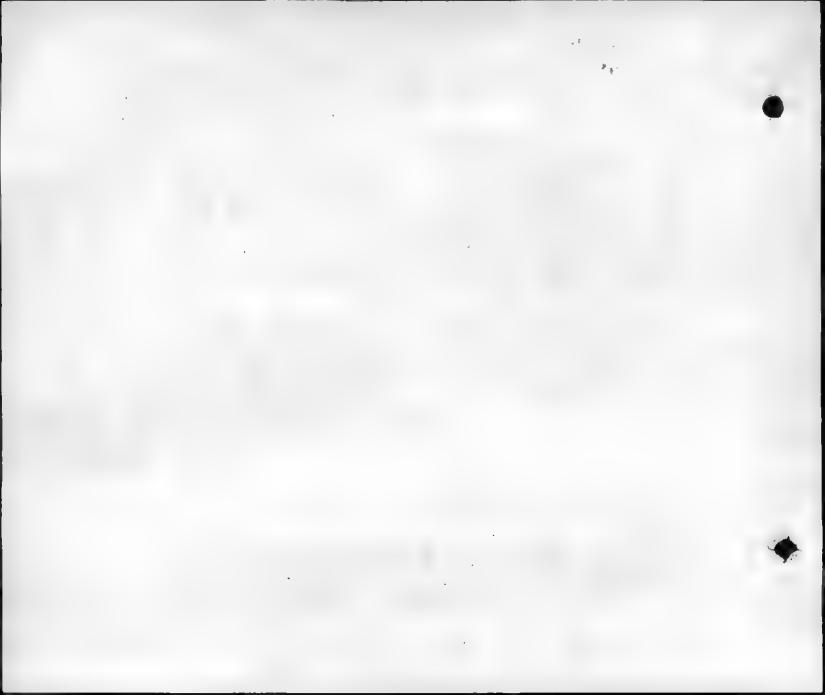
IO FUNERAL EXECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death The law requires that the death certificate be executed within 24 hours after VR A15 (4)

15M 7 61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

Street, or other teams.	01000
1	1. PLACE OF DEATH . a. COUNTY ANNE AYUR D' BARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) b. COUNTY AND COUNTY AA
3	b. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) A NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) NAME OF DECEASED (Type or print) A DATE OF DECEASED (Type or print) DeceASED (Type or print)
1	5. SEX 6. COLOR OR BACT 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED WIDOWED WIDOWED
0	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE, e) DUE TO Conditions, if eny, which geve rise to Immediate cause [e), stating the underlying cause lest. PART I., OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) IF EITHER, NOTIFY MEDICAL EXAMINER!
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) Hour a.m. p.m. 19 at work et work 1
1	21. I certify that (I) (this hospital) attended the deceased from 19
	238. BURIAL, CREMATION 23bl DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Durial 24 FUNERAL DIRECTOR'S SIGNATURE John M. Say Co. Suns Commupolis Md. DATE APR 9 162 DATE APR 9 162



20 Pages filled within and physician гетоме piease attending the After this RECTOR: S ST PUNERAL with th director, be filed

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VR A15 [4] 15M 7/61

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institutions a. COUNTY b. COUNTY A. STATE Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If putside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Anne Arundel General Hospital P.O. Box 3. NAME OF 4. DATE Middle Last Month Day DECEASED OF (Type or print) DEATH Frank 19 Grant Apri 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5 SEX last birthday) Months Male White WIDOWED DIVORCED -30 - 0810a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or foreign country) done during most of working life, even if retired) ELERK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (Ifyesgive wazordates of service) Hospital_files 8. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c). INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (+) Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? YES D NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, ! 20i. (City or town) (Steta) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. attended the deceased from 19(0.7-that (I) (we) last 21. | certify that (I) (this hospital) 22b. DATE SIGNATURE ATTENDING SIGNED

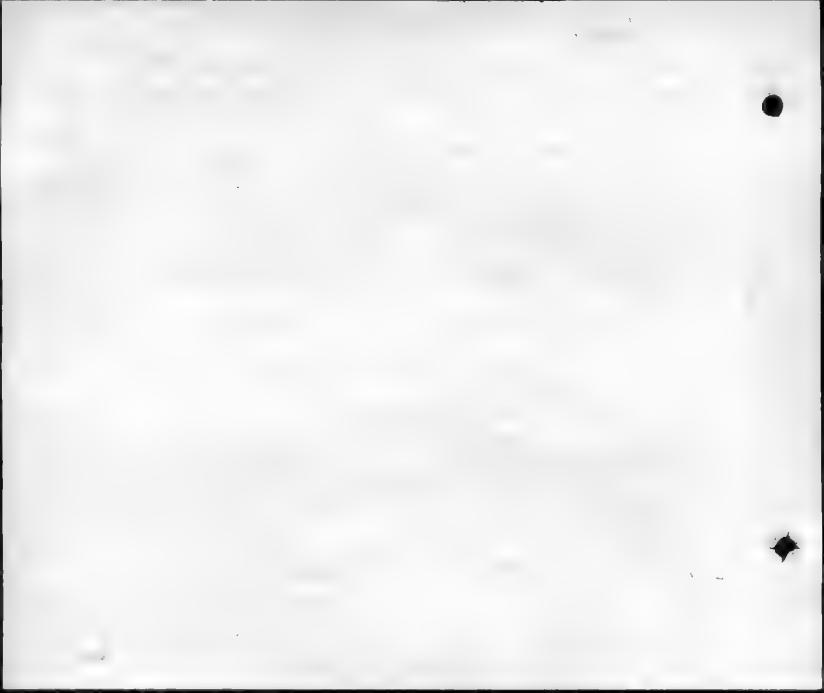
saw the deceased alive on PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c PHYSICIAN 5 NAME (Type)

Palmer Jr. M. D. Franklin St. Annapolis, Maryland 23a, BURIAL, CREMATION, 23b. DATE THEREOF [State]

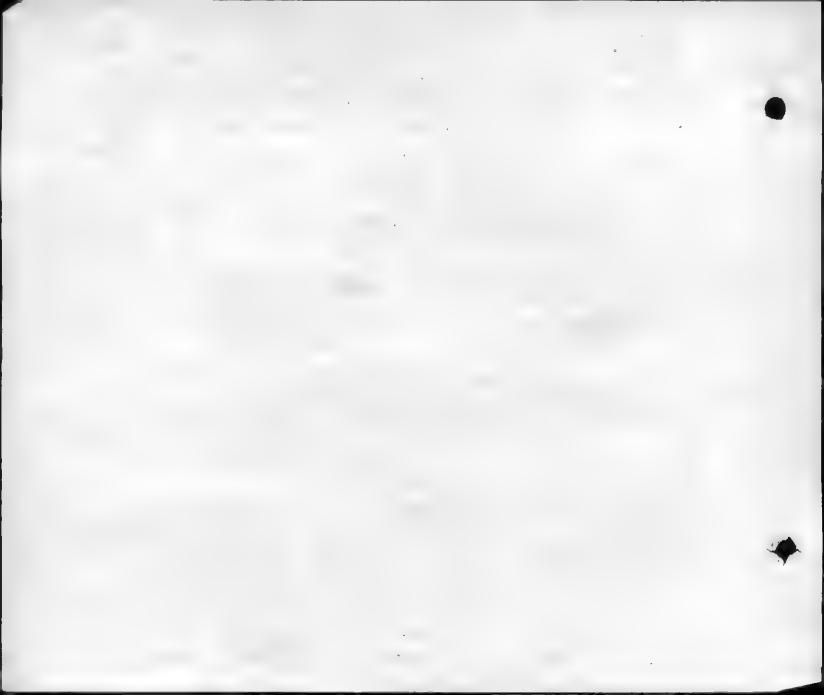
REMOVAL (Specify) 25m. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE



LARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH d. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY b. COUNTY MARYLAND c CITY OR TOWN-Iff outside corporate I mits, write RURAL and give nearest town) b. CAY OR TOWN (if outside corporate limits. E LENGTH OF STAY IN 16 write RURAL and give negrest town) . IS RESIDENCE OF HOM ITAL OR INSTITUTION (if not in hospite, give street address) ON A FARM? YES NO K 4. DATE Month DECEASED CERS DEATH 19 60 2 (Type or print) 6 COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED and last birthday) Months | Days WIDOWED [DIVORCED physician USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? State, or foreign country) during most at working life, even if retired) 13 FATHER'S NAME attending Ճ Then | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT removal, (Yes, no, or unkown) | (If yes give war or dates of service) has been simmed by the 18. CAUSE OF DEATH [Enter only one cause per lige for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE IN DUE TO aftending Conditions, IF any, which geve rise to immediate cause **DUE TO** (a), steting the underlying ់ PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19. WAS AUTOPSY PERSORMED? CERTIFICATI 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I of Pert I of Item 18) OR CONTRIBUTING _ CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work at work RECTOR: 5., 19.5 that (I) (we) last to..... 2, and that deeth occured et .AM, from the causes and on the date stated above. pleceased alive on DATE SIGNED MED STAFF DIRECTOR PHYS, FUNERAL 22d. ADDRESS PHYSICIAN'S MAME (Type) director, Se filed 238 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d AQCATION (C by, (State) REMOVAL (Specify) 0 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE YR A15 (4) arthur & Kross



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased kyed, if institution: Residence before admission) a. COUNTY 6 COUNTY pletely filled in the first papers. Pages I and 2 sl MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITYOR TOWN III outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely papers. 3. NAME OF First Middle Lasi 4. DATE Year Month Day DECEASED OF (Type or print) DEATH 196 MUEL EENLEAP carbon COTOR OR MACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS. and last_birthday) Hours Months Days Min. WIDOWED DIVORCED physician remove USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY State, 12. CITIZEN OF-WHAT COUNTRY? done during most of working life, even if retired) please 2 attending and Then WAS DECEASED EVER-IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. law requires that the (Yes_no-for-unkown) | [[fyes give werer dates of service] physician. permit. 18. CAUSE OF DEATH if nier only one cause per line for (e), (b), end (c) certificate has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the burial-transit DUE TO affending Conditions, cave rise to immediate cause DUE TO burial (e), stelling the underlying ō PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.31 15. WAS AUTOPSY 98 PERFORMED? NO use prior CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 200 ACC DENT WAS UNDERLYING [] for R. After this detached for OR CONTRIBUTING CAUSE OF DEATH MEDICAL 2Dd, INJURY OCCURRED 20s. PLACE OF INJURY (Homa, form, (State) 20c. TIME OF INJURY Month, Day, Yeer 2Df. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. al work al work Should be de certify that (I) (this hospital) attended the deceased from.... faw the deceased alive DATE SJÄNATURE death. Page 4.
TO FUNERAL DA
director, page 3 sh
be filed with the 5 Am SIGNEDI ATTENDING STAFF PHYS. PHYS. M.D 22c. PHYSICIAN 8 228: ADDRESS NAME (Type) 23a, BURIAL, CREMATION CEMETERY OR CREMATORY 23d. LOCATION (City, town or county (Siete) REMOVAL (Specify) 25a. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 .(4) arthur & though 1SM 7/61



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decreased lived, if institutions Residence before admission) e. COUNTY a. STATE b. COUNTY Arne Arundel Anne Arundel MARYLAND Tarvl and b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) e. LENGTH OF STAY IN 16 write RURAL end give nearest town) Annapol's Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X os ital, Annapolis, Har land 20 Southerte 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH Geraldine 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Months House Female March Cancasian WIDOWED [DIVORCED 10a USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Hamiland United States "Jousewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella (n) COLETHE Patrick Thomas FOGARIT 20 SOUTH GATE 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yes, no, or unkown) (If yes givawer or detes of service US I REL All. A. ID. JOSEPH W. REGORY 18. CAUSE OF DEATH [Frier only one cause per line tog (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH , diver, daennec's PART I, DEATH WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 110): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of in ury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, form, 20f. (C'ty or town) (County) Month, Day, Year fectory, street, offica bldg., etc.) While Not While House in m. et work at work 19.62 to 14 April ... 19.62 that (1) (6) last 21. I certify that # (this hospital) attended the deceased from 13. April. saw the deceased alive on. 11 April 19.62, and that death occurred at PM, from the causes and on the date stated above DATE 22a. SIGNATURE ATTENDING SIGNED MAED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 234. LOCATION (City, town or county) BURIAL, CREMATION, 235 DATE THEREOF EMOVAL (Spycify) Javere Claulemy Come

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VR A15 (4)

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STATISTICAL RESEARCH AND RECORDS ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before edmission) e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) E. LENGTH OF STAY N 16 write RURAL and give nearest town] PASADENA Pages 118 at a d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) hours 3. NAME OF DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER I YEAR and lest birthdey) Months WIDOWED physician 10e. USUAL OCCUPATION (Give kind of work remove 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) TRACTOR 13. FATHER'S NAME please aftending SEORGE Then 15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unknwn) (Ifyes give werordeles of service) the 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO intracranial Conditions, if any, which gave rise to Immediate cause (e), stating the underlying cause lest. the PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificale 9S 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) Month, Day, Year fectory, street, office bldg., etc.) Not While et work | et work 1962 to 28 A Pic. ... 1967, that (I) (we) last attended the deceased from... saw the deceased alive on ATTENDING STAFF TO HOSPITAL death. Page 4 TO FUNERAL I director, page 3 be filed with the PHYS 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 23d. LOCATION (City, fown or county) 23. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 256. REGISTRAR'S SIGNATURE

VR A15 (4)

Cirthur S. France

(County)

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ON A FARMI YES NO

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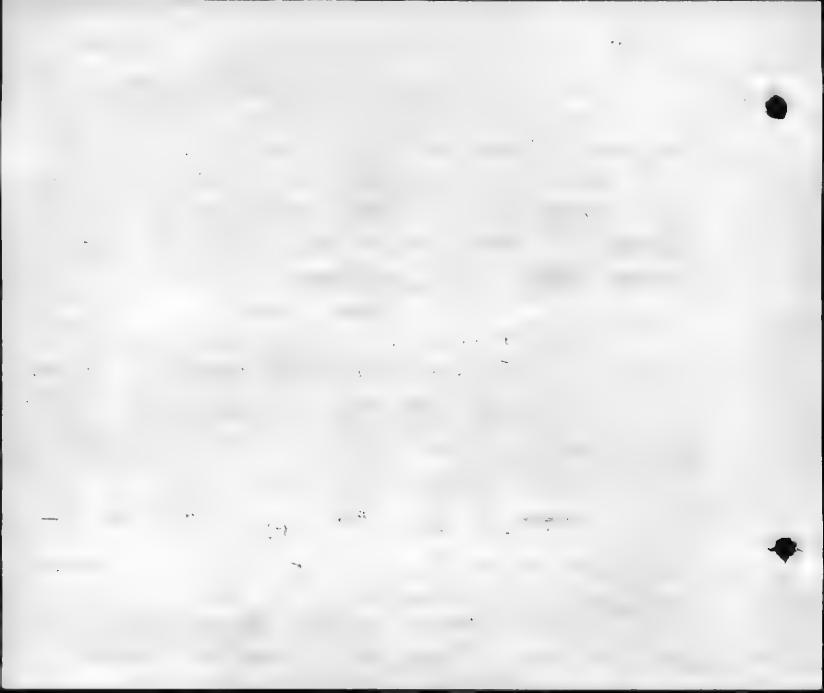
IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

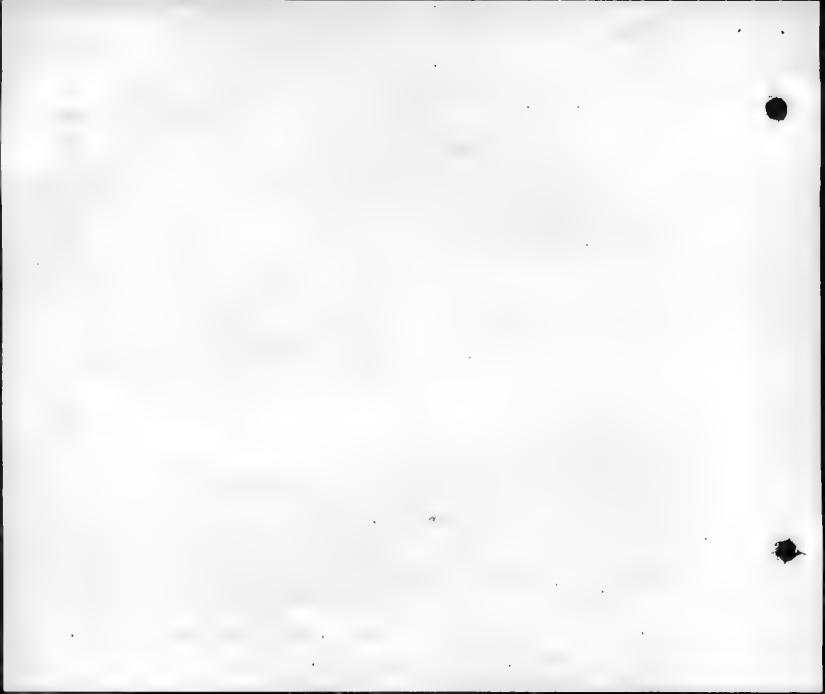
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04101 CERTIFICATE OF DEATH director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where_deceased lived. If institution: Residence before admission) filed a. COUNTY g. STATE b COUNTY 0 pe b. CITY OR TOWN (If outside carporate I mits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RUKAC and give georest town) and give nearest town should he d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 24 Itte YES NO 7 puo . ⊆ NAME OF 4. DATE Year Day filled DECEASED (Type or print) DEATH Poges 19 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. S. SEX 7. MARRIED NEVER MARRIED completely WIDOWED [papers. 10a USJAL OCCUPAT ON (Give kind of work dane 10b. 12. CITIZEN OF WHAT COUNTRY? KIND OF BUSINESS OR INDUSTRY working life, even if retried! pup carban 2 13. FATHER' NAME MOTHER IDEN NAME physician remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO INFORMANT Address or dates of service) 212-18-787 attending please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO Canditians, if any, which permit signed gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. burial-transit Ь has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY () PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH {IF EITHER, NOTIFY MEDICAL EXAMINER} 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate 6.5 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d, INJURY OCCURRED (County) (State) factory, street, affice bidg , etc.) Haur a m. While Nat while at work at ot work p. m -, .to_____, 19___, that (I) (we) last 27. I certify that (1) (this haspital) attended the deceased from I 19 saw the deceased alive on PM, from the couses and on the date stated above. and that death occurred of / OR. 220, SIGNATUR 22b DATE FUNERAL DIRECT ATTENDING PHYS 5 GNED STAFF PHYS DIRECTOR -22d ADDRESS NAME (Type BURIAL, CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn ar county) REMOVAL (Specify) Burial Meadowridge Elkridge Howard 0 24 FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR water & remain VR A1S (4) Hopping and Oflen Burnie Md DATE 15M 9/\$9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND



04102 CERTIFICATE OF DEATH I director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY L COUNTY MARYLAND ANNE ARUNDEI b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) ANNAPOLIS BAYS ANNAPOLIS d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION en, d STREET ADDRESS NAVAL HOSPITAL CHESAPEAKE AVE. in b NAME OF First 4. DATE Middle Month DECEASED HARRISON (Type or print) WITHINGAM FRANKLIN DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years campletely last birthday) WIDOWED 90 CAUC DIVORCED [MALE 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, exem of retired) MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY LIZA WARD (DEC WILLIAM IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address RFD #2, BOX 19, GLEN BURN WILLTAN F. HARRISON, EB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO requires that þ RTERIDACLERATIC Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month. Day, Year 20d, INJURY OCCURRED Hour a.m. factory, street, affice bldg., etc.) While Not while al work al work 21. I certify that I attended the deceased from 21 FEB 1962 ta detached and that death occurred at 9125 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE prior PHYSICIAN'S E. C. KRENE LT NO - STR NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d-tQCATION (City, town, or county) REMOVAL (Specify)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TO FUNERAL DIR

VS A15 (4)

FUNERAL DIRECTOR'S SIGNATURE

19.62 that I last saw the deceased

(County)

Reg. Dist. Né. 1.

e. IS RESIDENCE ON A FARMS

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

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PERFORMED? YES NO DE

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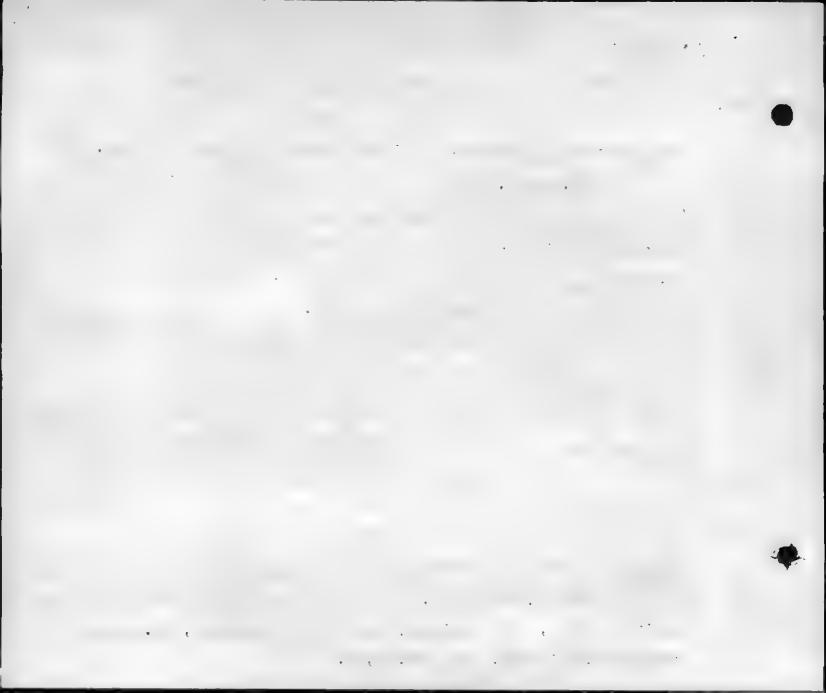
24b. REGISTRAR'S SIGNATURE C. TWIN S. Thally



W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad. If Institution; Residence before edimination) a. COUNTY b. COUNTY Board of Health, a. STATE Page Same MARYLAND Same Anne Arundel b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town! Odenton

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Odenton d. STREET ADDRESS e. IS RESIDENCE ON A FARM? By the door of the washroom, which is built about 15 feet from the house. YES NO 0 Stat DECERSED OF after de (Type or print) DEATH Mrs. Nada C. Heastey
6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) WIDOWED -DIVORCED 5/5/99 TOL. USUAL OCCUPATION (Give kind of work 2 C 2 C 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) House wife and piano teacher USA Penhsylvania PM3. Pa pages 1 within 14 MOTHER'S MAIDEN NAME Carolyn C. Clauss M.A. Moon F 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give weror dates of service) Husband -216-24-5002-A INTERVAL BETWEEN 18. CAUSE OF DEATH [three only one cause per line for (a), (b), and (c),] Office along we buriel-fransit pomovel, and in a ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Sudden IMMEDIATE CAUSE (a) Coronary Occlusion **DUE TO** Conditions, if any, which gave rise to immediate cause re **DUE TO** (e), stating the undarlying used i PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:0 1 19. WAS AUTOPSY PERFORMED? 8 NO X D 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 20n. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief Jage 3 s Month, Day, Year 20d. INJURY OCCURRED | 2De PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 20c. TIME OF INJURY the Page factory, street, office bldg., atc.) While Not While WEDI ite the certificate, w forwarded to the LL DIRECTOR: Pa et work at work 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection v Inquiry x and in my opinion Suicide Undetermined manner Natural causes Accident [Homicide death resulted from. CHIEF MEDICAL EXAMINER fease execute the should be forward. PUNERAL DII ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER A **EXAMINER'S** 220. BURIAL, CREMATION US taye NAME (Type) Faubert MD CEMETERY OR CREMATORY Address (Street, city, town, or county) 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 408 Buria] Epiphany 23. FUNERAL DIRECTOR Circhan & VS. AISME TANK Glen Burnie, Md. 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE	DEPARTMENT OF HEALTH	
. ~	DIVISION OF STATISTICAL RESEARCH AND RECOR	DS, 301 W. PRESTON STREET, BAL NTE OF DEATH	TIMORE 1, MARYLAND
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The state of the s	b. CITY OR TOWN (if outs de corporete :mits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give nearest town)
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uter alete	3. NAME OF First Middle DECEASED	Last 4 DATE OF	Month Day Year
omp in pe	(Type or print) RONALD (n)	HERLIHY DEATH	APRIL 21 19 62
o p d w	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In lest birth	yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
e be and carb nt, w	MALE CAUC WIDOWED DIVORCED	9 JAN 1962	Months Days Hours Min.
cian cove cove cover	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY IT BRIHPLACE (County & Stele, or foreign cou	intry) 12. CITIZEN OF WHAT COUNTRY?
certific physicii e remov	NONE WORKING ITE, EVEN IT PETITED! NONE	ANNE ARUNDEL . MARYLAND	UNITED STATES
ling ph	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	ONLIED STATES_
	JOHN W. HERLIHY	MARY L. CARR	
2 2 E E E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17.	INFORMANT A	Idress
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· Haran Har	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	JOHN W. HERLIHY 5 PARKE	LANE, ANNA, MO.
sician d by permit	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	neumantia	ONSET AND DEATH
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hed the		LACE OF INJURY (Home, farm, 20f. (City or town)	(County) (Stete)
Aft Aft of F	Hour a.m. WhileNot While for	actory, street, office bldg., etc.)	(0000)
Pt. d	₹ p.m, 19 et work el work	N .61	NI
Der De	21. I certify that (17 (this hospital) attended the deceased from	1. Jan	W 11 , 196.2, that 47 (we) last
RECT Nould I	saw the deceased alive on	at death occured at 7.2.4.M, from the cau	ises and on the date stated above.
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A PER PE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M.D. PHYS. DIRECTOR PHYS.	LA april 13,1962
Page 4	22c. PHYSICIÁN'S D. M. COY LT MC USNR	22d. ADDRESS	ANNADOLIC MADVIAND
約 = と T		U.S. NAVAL HOSPITAL,	=
60 .E 40	23a. BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d, LOCATION (C	ty, town or county) MASS.
E of an	Bureal 7-25-1962	MAVERHI	22
YR A15 (4) 15M 7,61	24 FUNERAL DIRECTOR'S SIGNATURE COMPANY ADDRESS	olis Md 250. REC'D BY REGISTRAR 256	Circhan & Hause
1014 1/04		DATE APR 2 4 '62	
	1.1.3.7		



BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH plnous 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution: Residence before admission) n. COUNTY 2 2 MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give neeres) town) and b. CITY OR TOWN (if oulside corporale limits, E. LENGTH OF STAY IN 16 POLIS filled in Pages 1 after a a. IS RESIDENCE d NAME OF HOSE TAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO 3. NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH 19 AGE (In years | IF UNDER I YEAR carbon IF UNDER 24 HRS. last birthday) Months Deys Hours WIDOWED 12. CITIZEN OF WHAT COUNTRY? геттоме USUAL OCCUPATION (G ve kind of work foreign country) done during most of working life, even if retired) 13. FATHER'S NAME please attending | .⊆ pue 16. SOCIAL SECURITY NO. 1 17. INFOR noval, (Yes, no, or unkown) (Ifyes giva war or dales of service) 18. CAUSE OF DEATH [Enter only one couse per I no for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Primary site - ovary. left. Conditions, if env. wi gove risa lo immediale cause **OT 3UG** (a), stating the underlying couse lest. He PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIGIT 19. WAS AUTOPSY CERTIFICATION PERFORMED? 200, ACC, DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCR BE HOW INJURY OCCURED (Enter neture of injury in Part I or Pert II of item 18) 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer Not While factory, street, office bldg., etc.) While Hour a.m. at work at work p.m. 21. I certify that (I) (this nospital) attended the deceased from about saw the deceased 22b. DATE 22e 5 Gb ATTENDING MED STAFF S GNED PHYS. DIRECTOR PHYS.__ 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 236 CREMATORY 23d. LOCATION (City, town or county) ه څ 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

Items

completely

and

physician

physician.

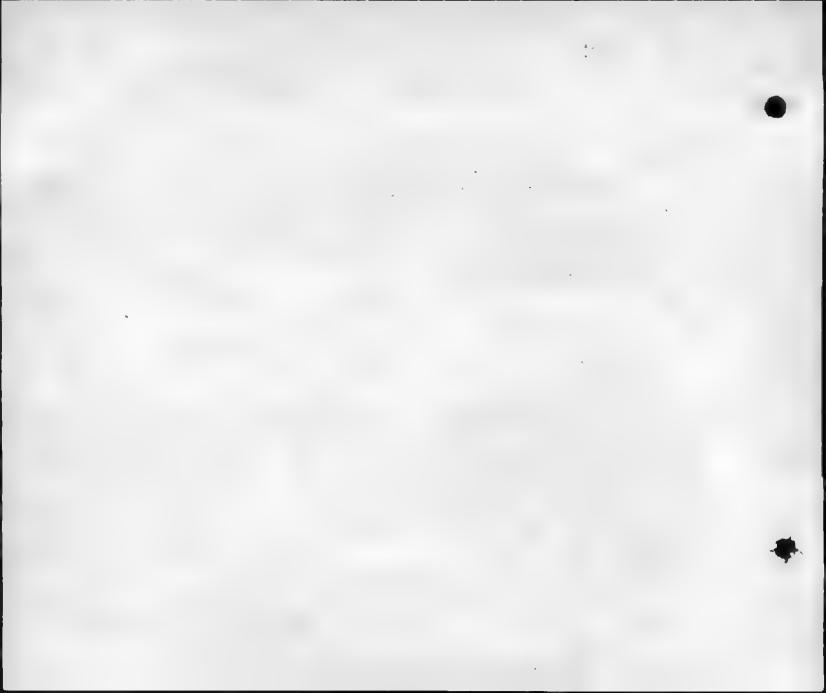
signed by

certificate

CIOR

O HOSPITAL death, Page 4

H



VR A15 (4) 15M 7₇61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF ATATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04100

Н	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence belond admission) e. STATE b. COUNTY
71	Anne Arundel MARYLAND	Maryland Anne Arundel
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
	write RURAL end give nearest town) Annapolis	Annapolis
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	a. IS RESIDENCE
۱ ۱		ON A FARM?
	Anne Arundel General Hospital J. NAME OF First Middle	TO! WILLEDOTTS DO:
- 1	DECEASED	OF
	(Type or print) Sue ±.	HURLEY DEATH April 16 19 62
. [5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8	B. DATE O BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last buthday) Months Davs Hours M.n.
	Female White WIDOWED XX DIVORCED	Aug. 18. 1888 73 yrs. Months Days Hours Mr.
ı	100 USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTR	
	Hausliville Domiste	Maryland U.S.
_ }	13. FATHER'S NAME	Maryland U.S.
	Clared Rio C	D 1 0 00.00.
	15 WAS DECEASED EVER IN U.S. ARAD FORCES? 16. SOCIAL SECURTY NO. 17. 1	Vigetine Milliagen
4 1	(Yes, no, or unknown) (Hyesgive war or dates of service)	M To and Brand (9)
	no -	Mis Nomence Junday (d)
	18 CAUSE OF DEATH [Enter only one cause per line for (e) (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
- 1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	THROMBOSIS 16 HOURS
	DUE TO	/
	Conditions, fory, which (b) CEREBRAK	ARTERIACIEPASIS UNKNOWN
ļ	gove rise to immediate cause	
- 1	(e), sleting the underlying DUE TO	
	Cause last. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY
١.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. 206 ACCIDENT WAS UNDERLYING 1 20b. DESCRIB! HOW INJURY OCCURED OR CONTRIBUTING 1 CAUSE OF DEATH 10F ENTRY MEDICAL EXAMINER)	PERFORMED?
- 1	S DIABETES MELLITUS; KENAL	CALCINISIS KEFT YES NO IN
	206 ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part I or Pest II of itam 18.)
	1) = 0.0	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) tory, street, office bldg., etc.)
- 1	Hour e.m. P.m. 19 et work et work	iory, steed, office brog., etc.)
		Apr. 2, 1962, to Apr. 16, 1962, that (1) (X) last
		death occured at
		7 10 PM 22b. DATE
	226 S GNATURE	ATTENDING MED STAFF SIGNED
	Cawer Ande	PHYS. DIRECTOR PHYS. 4/17/62
7	NAME (Type)	
	Edward S. Beck, M.D.	71 Franklin St., Annapolis, Md.
	23. BURIAL, CREMATION, 23b. DATE THEREOF 23c. MAME OF CEMETERY	OR CREMAJORY 23d. JOCATION (City, town or county) (Stella)
	Bureal april 19, 1962 St. Com	estem. Unnapoles Md.
0	24 SUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
0.	Water M Yay lov Sons (levan	alex Mandate APR 23 '62 (7-Thur S. Kraus
1		



law requires that the death certificate

ON A FARM?

Year

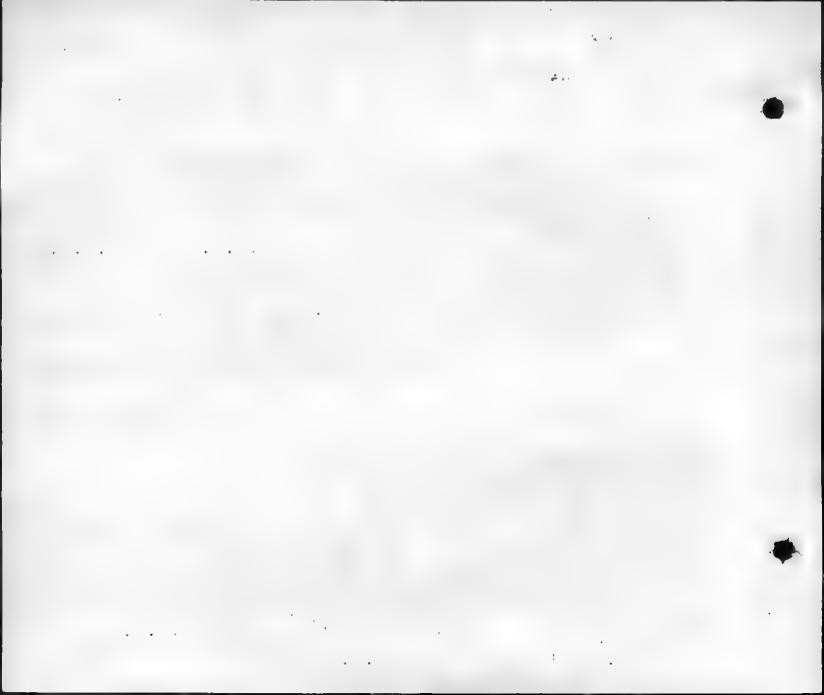
19

PERFORMED? NO C

(State)

22b. DATE

SIGNED,



TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 be relatined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- //							1-(-)-5
	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	CE (Where decease		ions Residence	ereso admission)
4	Anne Arundel	MARYLAND	. STATE Maryland	1	Baltin	more Ci	ty
1	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN {				7
	write RURAL end give nearest town] Crownsville	5 mos. 29 days	Baltimor	re	3	3 VM1.	4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	prial, give street address)	d, STREET ADDRESS		,		e. IS RESIDENCE
	Crownsville State Hospit	al	1428 Wad	lison Aven	ue		YES NO
١I	3. NAME OF First	Middle	Last	4. DATE	Month	Day	Year
4	(Type or print) Raymond	B	Johnson	DEATH	4	23	19 62
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AG			
	24 9		anuary 21, 1	1912 50		ths Deys I	Hours Min.
	IOa. USUAL OCCUPATION (Give kind of work 10b. Kil	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	ity & State, or fore g	n country) 17	CITIZEN OF	WHAT COUNTRY?
	Elevator Operator	hit are as as as	Virginia	a.		U.S.	A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
	William Johnson	1	Ella Colu	umbia			
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 14.	SOCIAL SECURITY NO. 17. IT	NFORMANT		Address		i
	NO		Hospital Rec	cords			
	18. CAUSE OF DEATH fenter only one cause per ki			-			
	PART I. DEATH WAS CAUSED BY	Acute Pulmonary	Hemorrhage			ONZE	I AND DEATH
							**
		Cavitary Tubero	ulosis of l	ungs			
	gave rise to immediate cause	out tout, intoone					
	(e), stating the uncertying)	
	167	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE COND	IT ON GIVEN IN	PART 1(e) 19.	WAS AUTOPSY
1	2						PERFORMED?
ĺ	S ACCIDENT WAS INDEDIVING THE LOOP DES			Out I or Out it of its	m 18.1	1 163	, L 100 EZ
	OR CONTRIBUTING CAUSE OF DEATH	CARRE HOW HOOK! OCCORD.	Const parent of policy in	COLL OL SOLE HOLIVE	, ii 12.,j		
		NULRY OCCURRED 20s. PLAC	E OF INJURY (Home, farn	n. ' 20f. (City or to	wn)	(County)	(State)
	Hour s.m. While	Not While facto					
			10/24	1067 . 44	23	362 1	. (1) () 1 .
	() 4/05	ded the deceased from		P .			
			daath occurad atti	MM, from the	causes and	on the date	stated above,
	22e. SIGNATURE	' / ·					4 C. Chieffs
	Jewens Jewens	M.I	/·	DIRECTOR AND PE	T5.		4/24/02
	NAME (Type) L. Benedict,	4. D.		Lle State	Hospita	1. Mary	land
					~		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give threet address) Crownsville State Hospital 1428 Madison Avenue 1528 Month 153 MORE OF PRIVATE MONTH 1548 Month 155 MORE OF PRIVATE MONTH 155 MORE OF PRIVATE MONTH 156 MONTH 157 MONTH 157 MONTH 157 MONTH 157 MONTH 157 MONTH 158 MONT							
	x 14/100 7/2/160	mining	s 6 ag 1	OWAM	will	ra	
	24 JUNERAL DIRECTOR'S SIGNATURE	ADDRESS 3229	1-BCHANGE ". REC		A		
	mo Kala if the	ellians	DATE	-M 11 ~ 1 0,	- Ch	Muy 8. 16	CALLA



TO HOSPITAL (** ATTEINING PHYSICIAN: The law requires that the death certificate be exempted within 24 hours after death. Page 4 | be retained by the hospital or attending physician.

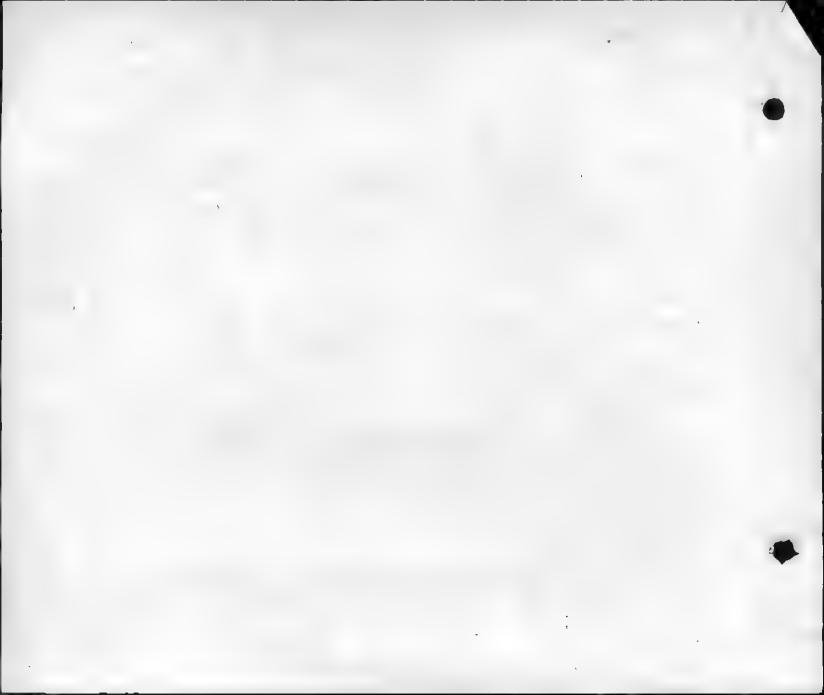
TO FUNERAL DEAECTOR: After this certificate fines been signed by the attending physician and completely filled: the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, demantion, or removal, and in any event, within 72 hours like death. VR A15 (4)

15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04106

	1. PLACE OF DEATH a. COUNTY A.
	b, CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RUFAL and give nearest town)
	A) WAM OF HOSPITAL OR INSTITUTION (II) not in hyppital, g vestiged eddress) 1 2 2 1 2 10 AOF NULSING HOME 1 9, SAIPWAY AT STREET BOKES! 1 0. IS RESIDENCE ON A FARM? YES \(\sigma \) NO \(\sigma \)
	3. NAME OF DECEASED (Type or print) Harriett A JONES DEATH April 5 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF GIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. WIDOWED DIVORCED 1883 Months Days Hours Min Norths North
	10a. USUAL OCCUPATION/Give kind of work done during most of warking tife, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. SHRTHIPLYCE (County & State, or Ide gn Maring 12. CITIZEN OF WEAT COUNTRY?
1	13. FATHER'S MAKE TONES 14. MOTHER'S MAIDEN NAME GARLAND.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT CAR Address (Yes, no, or unknown) (If yes give were orderes of service) (Yes, no, or unknown) (If yes give were orderes of service)
	PART 1. DEATH WAS CAUSED BY. [MMEDIATE CAUSE (a)] PART 1. DEATH WAS CAUSED BY. [MMEDIATE CAUSE (a)] [MMEDIATE CAUSE (a)] [MMEDIATE CAUSE (a)]
	Conditions, if eny, which gove rise to immediate cause (a), stating the underlying DUE TO MANUSTRITION
	PARM I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAU DISEAS! CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO MODERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)
i	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) Hour e.m. While Not While factory, street, office bidg., etc.)
	21. I certify hat (I) (this hospital) attended the deceased from 2/2/2/2 to 1957 to 1967 that (I) (we) last saw the deceased alive on 2/2/2, and that death occurred att 5/2/2, from the causes and on the date stated above.
	220 SIGNATURE ATTENDING MED. STAFF SIGNED ATTENDING MED. STAFF SIGNED
	22c. PHYSICIAN'S LYONE METERTY Mappy M.D. 22d. ADDRESS AND FREET, Annapolis Md
	230. BURIAL, CREMATORY 236. DATE THEREOF 236 MANY OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or country) REPOVAL (Specify) 4-9-62 St. Quilles Can. Quilles Ma
	John M. Tay by Some hungfali Date APR 9 '62 Cally & Kraus.



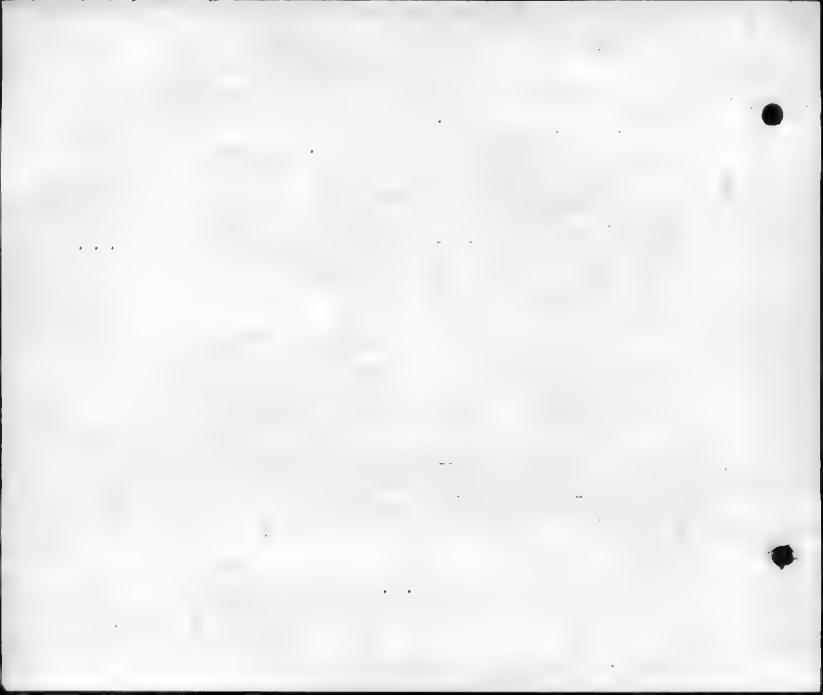
TO HOSPITAL OR LITENUING PHYSICIAN: The law requires that the death entifical be executed within 14 hours after death. Page 4 be retained by the hospital or attending physician.

TO FUNERAL MARCIOR. After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages T and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

	MANYLAND STATE DE	WILLWELL OF	HEALTH	
DIVISION OF STATISTICAL	L RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
04110	RESEARCH AND RECORDS, CERTIFICATE	OF DEATH		0410
CE OF DEATH	2	. USUAL RESIDENCE	(Where deceased lived, if institutions	Residence before ac

agitf	CERTIFICAT	E OF DEATH		04107
1. PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived, if insti-	Jutton: Residence before admission)
Anne Arundel	MARYLAND	" Maryland	Balt:	imore City
b. CITY OR TOWN (if outside corporate limits,	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	le corporate limits, write RU	RAL and give neerest town]
Crownsville		Baltimore		n. 1 4
d. NAME OF HOSPITAL OR INSTITUTION (IF not		d. STREET ADDRESS		. IS RESIDENCE
Crownsville State Hoor	ni +a1	26 N. Eden S	treet	1 — —
3. NAME OF First	Middle		-	Day Yeer
a. COUNTY Anne Arundel b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) crownsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) c. LENGTH OF STAY IN 1b 22 years mos. 27 days d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS on A FARM? VIS NO A FARM? VIS NO A				
		volles	T	
MALA NADYO			last birthday] Mo	
10a. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (County & St	els, or fore gn country)	12, CITIZEN OF WHAT COUNTRY?
		Maryland	'	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		-
John Jones		Martha		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	, 16 SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
	Unknown H	ospital Records		
is. CAUSE OF DEATH [Enter only one cause	e per line for (a), (b), end (c).]			INTERVAL BETWEEN
	Pulmonary Hemor	rrhage. Cause Un	nknown	783.1
7001				
1-1	_			
DIE TO				
and the second s				
	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN	
TA TA				
200 ACCIDENT WAS UNDERLYING 1 206	. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert . or	r Pert It of Item 18 }	
OR CONTRIBUTING CAUSE OF DEATH	***			
20c. TIME OF INJURY Month, Day, Yeer			(City or lown)	(County) (Stete)
Hour e.m.		ory, street, office bldg., etc.)		
7/		10/30 10 30	9 1/27	40.62
. / / . '' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	17.5.1	death occured et	from the causes and	
1226 SIGNATURE 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n/1/9//			4 /07 SIGNET
22- DHVSICIAN S	M.		NK PHTS	4/21/02
	enry Mapp, M. D.		State Hospita	1, Maryland
230. BURIAL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATIONY 234	LOCATION ISHY, town o	r country (Stete)
	- PU.HT	M. 1:	Salto.)	176-
	ADDRESS	25a. REC'D BY	REGISTRAR 25b. REGIST	RAR'S SIGNATURE
M. Wian teene	P- Curchy	MAN. DATE MAY A	162	and & House
Mr. Work What It	1 1741	AAI 4	OZ CIASA	A. IMAKE _

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, NA funeral plnous 14e Bud filled Pages afte within hours completely papers. N within certificate be and physician remove please ding attend requires that signed aftending peen has the certificate K) use the th After this detached refaired CIOR should director, filed

VR A15 (4176

15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) a. COUNTY COUNTY WICOMICO Anne Arundel Maryland MARYLAND b. CITY OR TOWN (if outs de corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give peerest town) write RJRAL and give neerest town) 23 Crownwille mos. davi Salisbury d NAME OF HOSPITAL OR INSTITUTION (if not in hospiter, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Crownsville State Hospital YES 😿 NO 🖸 607 Delaware Street 3. NAME OF First DATE Year Middle Month DECEASED OF (Type or print) #23578 Willie 29 1962 Jones DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX AGE (fn years | IF JNDER 1 YEAR FF UNDER 24 HRS. last birthday) Months Negro Male May 21, 1882 WIDOWED TO DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Virginia U.S.A. Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jessie Jones Amv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unknown] [[If yes give wer or detex of service] No 222-18-0814 Hospital Records 18. CAUSE OF DEATH [Enter only one cause per une for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Bronchopneumonia Hypostatic IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (e), stefing the underlying cause last. PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0. 19. WAS AUTOPSY PERFORMED? Old Cerebrovascular Accident NO X 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury 'n Perf I of Perf II of Item 18.) 200 ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH LE EITHER, NOT FY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dey, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or Iown) (Steta) fectory, street, office bldg., etc.) White Net Atthib el work et work pased from 4/17 10.52 to 4/29 1962, that (I) (we) last and that death occurred at 1964, from the causes and on the date stated above. (this 1962 22b. DATE ATTENDING MED. PHYS. DIRECTOR PHYS. PHYSIC AN'S 22d. ADDRESS NAME (Type) McHenry Mapp. Lionel Crownsville State Hospital, Maryland CEMETERY OR CREMATORY 23d-LOCATION (City, town or couply) 23a BURIAL, CREMATION, 23b DATE THEREOF NAME OF (Stefe) REMOVAL (Specify) ADDRESS REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 4 arthur S. Thomas DATE



neral director. d be filed with

ATTENBINE HYMICENV: The tom requires that the death certificate Le executed within TH hours offer death. Tage H

TO HOIPITAL DR

VS A15 (4) 15M 9/5S

may be retaine. The haspital ar attending physician.

TO FUNERAL DIM OR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 state registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

04112

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg.	BIRST.	10	48	4	13	\mathbf{O}
馬雷里 。						

1. PLACE OF DEATH a COUNTY AND A RICKNES AMARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY AND ARUNDEL
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL - PASADENA, MD 2 YEARS	MUKAL PASADENA X
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE
219 GLEN ROAD	219 GLEN ROAD VES NO D
3. NAME OF Pirst Middle (Type or print) / FRBEAT	KANE, Sr. 4. DATE Month Day Year APRIL 27 19/2
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Ann
MALE WHITE WIDOWED DIVORCED	JUNE 22, 1885 The yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDI- during most of working life, even if retired)	
MACHINIST STEEL	BALTO, MO US.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM MANE	ANNA, HIGGISON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. [Yes, no or uplingson) 1 (17 yes, gave wor or dotest of service)	INFORMANT Address
100 217-01-8296	BROON KANE SAME
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL SETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY ARTERIOSC LEACTI	CLARDIO PASCUAR PISEASE 4 YEAR
OUE TO	
Conditions, if ony, which (b)	
gove rise to immediate couse (o), stating the under DUE TO	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED?
3 /1 FMIPLEGIA (RIGHT)	YES NO Z
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
	LACE OF INJURY (Home, form. 20f (City or town) (County) (State) sciory, street, office bldg., etc.)
21. I certify that I attended the deceased fram.	10/1 to 108 77 10/12 11 11
	h occurred at 3 20A M, fram the causes and an the date stated above.
dive oil	ADDRESS (Street, city or town, state) DATE SIGNED
ACTUAL 1 Bridge Amouth	GUTI For Sanciario Donn illost
SIGNATURE J. MANY JAMES	MD
PHYSICIAN'S / BRADY SMITH	PASARENA, MO
220. BURIAL CREMATION. 226 DATE THEREOF 22c NAME OF CEMETERY (OR CREMATORY 22d LOCATION (City, town, or county) (State)
Burial 4/30/62 Loudon Park	Cemetery Baltimore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Howard H. Hubbard, 4107 Wilkens Ave. #	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
1000 11 1100 Mario 1100 1100 1100 1100 1100 1100 1100 11	DATE APR 20'62 Living 2 Thomas



VS A15 (4) 15M 10/57 04113

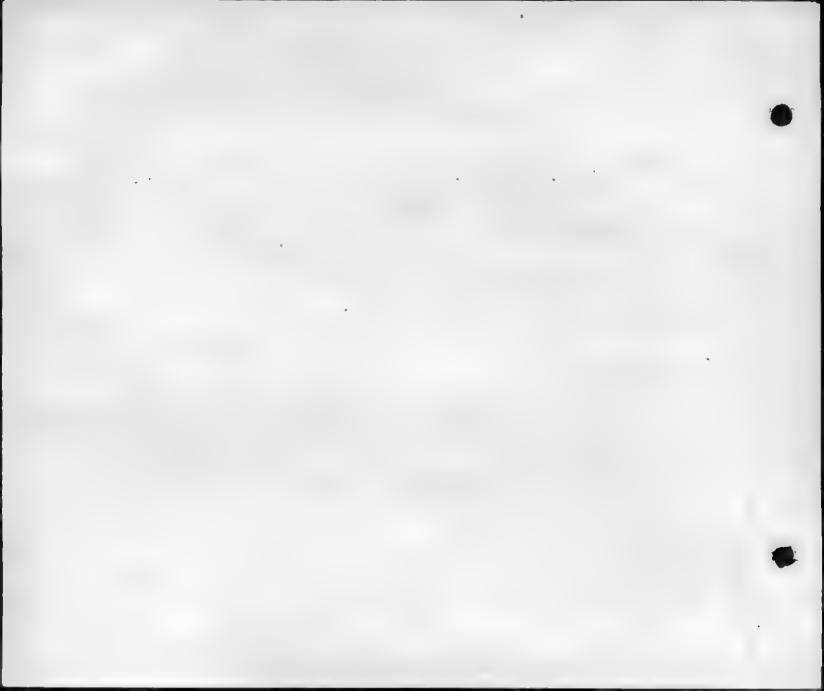
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

เลอกเม่น์ O

1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2 USUAL RESIDENCE (Whe	g deceased lived. If institut	Anne/Arv	e odmission) v(d/g-1/ v
b CITY OR TOWN (If autside corporate RURAL and give nearest lawn)	limits, write c. LENGTH OF STAY IN 16	c. CLTY OR TOWN (If ou	tside corporate limits, write (rest town)
d NAME OF HOSPITAL (If not in hospite	al, give street oddress)	d STREET ADDRESS	We t Virgini		, IS RESIDENCE
Kimbrough Army Hosp	ital FGGM.MD		Beile		ON A FARM?
3. NAME OF	First Middle		4. DATE Mo		
(Type or print) James		Geenev	OF	nih Doj Dr 2	
5. SEX 6. COLOR OR RA	CE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS
Male Cau	WIDOWED DIVORCED	nov 2.42/12	S lost birthday)	Months Days	Hours Min
10a USUAL OCCUPATION (Give kind of we	ork done 106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole o		12. CITIZEN O	F WHAT COUNTRY?
during most of working life, even if reti	Army	West Virgi	inia	US	
13 FATHER'S NAME		14 MOTHER'S MAIDEN NA			
Winch agtor Voorgy	*	Ti wax	*		
Winchester Keeney Is was deceased ever in u s, armed i	FORCES? 16 SOCIAL SECURITY NO. 17	NFORMANT	Add	ress	
(Yes no or unknown) Ill ses, giver wor or doter	of serviced	linical Record			tal
18 CAUSE OF DEATH [Enter only one	e couse per line for (o), (b), and (c).]			INTE	RVAL BETWEEN
PART I. DEATH WAS CAUSED E	Sever Internal I	niuries		ONS	ET AND DEATH
1823 X DUE					
Conditions, if ony, which)	Bever trauma to n	ond unes	mr bladdom	7	1/2 Houre
gove rise to immediate (CLYTS SHE CHA.	y oraquer		1/2 110410
lying couse lost.	& Auto accident				
	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GO	VEN IN PART 161 15	. WAS AUTOPSY
CATIC					PERFORMED? YES IN NO
PART II. OTHER SIGNIFICANT C	(P)				
	PT. Was driving a	IUTO AND DIT OF ACE OF INJURY (Home, form,		(County)	(State)
Hour o.m.	. While Not while for	ctory, street, office bldg., etc.)		(Conmy)	(Sidie)
- O OA WELL HOTTE FO	the deceased from 0335 Hrs	treet	10 28 Apr 10 6	24	
alive an 28 Apr	, 19_62, and that death				
dive dit	, 12_92, and that death		,M, tram the causes (DDRESS (Street, city or town,		e stated above. DATE SIGNED
ACTUAL SIGNATURE	8. Borocci		ARMY HOSPITAI		April 196
PHYSICIAN'S RAME (Type) Eugene F.	Bonacci MD.	FORT GEORG	E G. MEADE, I	MARYLAND	
220. BURIAL, CREMATION, 22b. DATE THE	REOF 22c. NAME OF CEMETERY O		2d LOCATION (City, town,		(Stole)
REMOVAL (Specify)	162- Fd. 400 Tota	is the en	7		and a real
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	BY REGISTRAR 246. REGI	STRAR'S SIGNATUR	E
6 706 - Bilac	KA, Baltina	DATE MAY	3 '62 a	Thung & trans	a



5 12	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	04114 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04111
HEALTH DEPT.	1. PLACE OF DEATH • COUNTY Anne Arundel • Length of Stay in 1b write RURAL and give neerest fown! 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission exposed in the state of the country of the c
hours after death. If any delay cesser lags 1, 2, and 3 to the funeral director. Pag 3. Page 5 may be retained for your, files, ges 1 and 2 with the State Board of Healthin 72 hours after death.	Pasadena 3 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. 15 RESIDENC ON A FARM
ath. If any 3 to the fur be retain th the Stal	DECEASED (Type or print) Merrill W. Kellum Sr. 5. SEX 6. COLOR OR RACE! 7. MARRIED TANEVER MARRIED TO B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR, F UNDER 24 HRS.)
s after des 1, 2, and 199 5 may 1 and 2 wi	MALE WHITE WIDOWED DIVORCED 7/7/03 58 yrs. Months Deys Hours M.n. 10s. USUAL OCCUPATION (G.v. kind of work done during most of working life, even if refired) 10b. Kind of Business or Industry II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
24 hour 6 Pages PM3. Pa pages 1	Painter Weems Va. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. TORONDO WALLETTE WALL
orm form if File	Joseph Kellum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. or unknown (Ifyeesgive-were reference) 217-03-7482 Mrs. Dolores Kellum (wife)
ould b in per Office oval,	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)
ER: This certifing the word "per Medical Examination of the transfer of the tr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO FOR PRIMARY OF CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
DICAL EXAMINER: This certificate she into certificate, writing the word "pending" inwarded to the Chief Medical Examiner's (DIRECTOR: Page 3 should be used as a bed agent, prior to burial, cremetion, or rem	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While p.m. 19 Value of work 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20m. PLACE OF INJURY (Home, farm, 20f. (City or lown) (City or
किटा के विकास	ACTUAL SUSTAND H. FAUDERT, M.D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 4/22/62 EXAMINER'S NAME (Typs) GUSTAVO H. FAUDERT, M.D. ASSISTANT MEDICAL EXAMINER A 4/22/62 Address (Street city town or so with) GLEVE BURDIO Medical Examiner A 4/22/62
TO DEPUTY please exect 4 should be INO FUNERA or its design	NAME (Type) Gustave H. Faubert, M.D. Address (Street, city, town, or county) Gloti Burnie, Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF [22c. NAME OF CEMETERY OR CREMATORY] 22d. LOCATION (City, town, or county) (Stete) REMOVAL (Specify) 4/25/62 ST. MARY'S HAMPOEN BALTO. MD. 23. EUNEAL DIRECTOR [240. REC'D BY REGISTRAR! 24b. REGISTRAR'S SIGNATURE]
SM 9/60	Paul C. Chemoweth 3617 Chestrit Ave, DATE 18 25 62 Calling & thous



DIVISION OF STATISTICAL RESEARCH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived, If institution, Residence before edmission a. COUNTY b. COUNTY 4 2 p MARYLAND hours after death be GITY OR TOWN (if ouls de corporate limits, E. LENGTH OF STAY IN 16 (ITY OR TOWING (If outside corporete limits, write RURAL and give nearest town) white RURAL and give nearest lown) Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital ve street eddress) . IS RESIDENCE ON A FARM? YES NO completely 3. NAME OF 4. DATE Midd e DECEASED OF (Type or print) DEATH 19 carbon 5. SEX IF UNDER 24 HRS AGEAIN VOORS HE UNDER 1 YEAR and with day) Hours Months Deys WIDOWED physician 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired! please .= 9 and attendi WAS DECEASED EVER IN U.S. ARMED FORCES AL SECURITY NO. Then oval. (Yas, no, or unkown) (dyesgivewerordelesofservice) Jan. 18. CAUSE OF DEATH [Enter only one cause per line for (e., (b), and (c) INTERVAL BETWEEN δ AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (+) signed DUE TO which Conditions, if eny, geva risa to immediate ceuse **DUE TO** (a), stating the underlying has couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6). 19. WAS AUTOPSY certificate PERFORMED? 80 NO USB 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of Item 18. After this (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Month, Dey, Yeer fectory, street, office bldg., etc.] While Not While Hour e.m. et work | et work p.m. 19 DIRECTOR 21. 1 certify that (1) (this hospital) attended the deceased from and that death occured at Z. I.M., from the causes and on the date stated above. saw the deceased alive on.. 22b DATE 22a, SIGNATUR ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M D leath. Page 4 22c. PHYSICIAN'S ADDRESS NAME (Type director, be filed v BURIAL, CREMATION, I 723th AOVAL (Specify) 25e. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

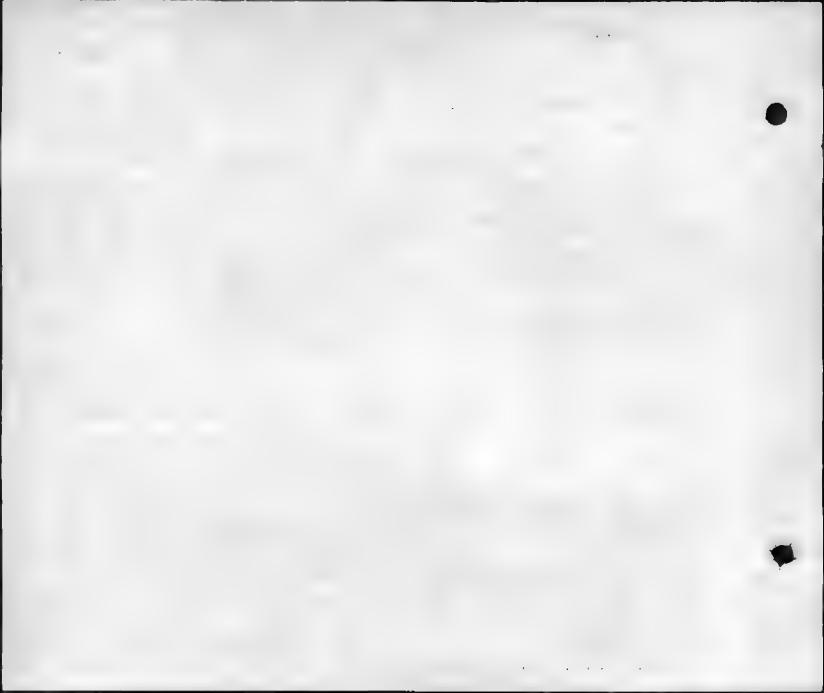


PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY the 12 MARYLAND b. CITY OR TOWN (if outs de corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Pages Filled Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 7 completely 3. NAME OF Middla DATE DECEASED OF DEATH (Type or print) SEPH AGE In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) and Months Days Hours Min. WIDOWED physician 10a. USUAL OCCUPATION (Give kind of work IDB. KIND OF BUSINESS OR INDUSTRY remove 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if ratirad) BUILDER MOTHER'S MAIDEN NAME 13. FATHER'S NAME please attending parts of the please .⊑ and 15. WAS DECLASED EVER IN U.S. ARMED FORCES? Address (Yas, no. or unkown) | (Ifyas give war or datas of service) physician. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **burial-transit** altending Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the undarlying certificate ha PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+), 19. WAS AUTOPSY PERFORMED? 8 0 NO Cuch. 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of Itam 18.) 208 ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING [] CAUSE OF DEATH 20d, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 2Df, (City or lown) factory, street, office bidg., atc.) While Not While Hour a.m. al work al work P.M. CIOR (this hospital) attended the deceased from, ... to bluods saw the deceased alive on. , and that death occured at AM, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE MÉD. SIGNED ATTENDING STAFF death, Page 41
IO FUNERAL I
director, page 3
be filed with the PHYS. Y DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23a. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) RPMOVAL (Spacify) S. 24 FUNERAL DIRECTOR'S SIGNATURE 58. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND

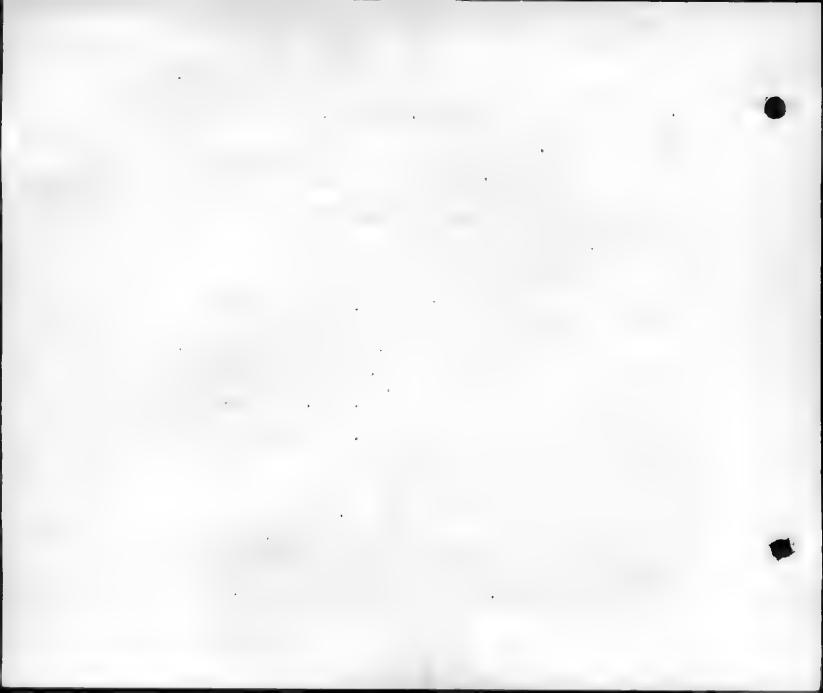
STATISTICAL RESEARCH

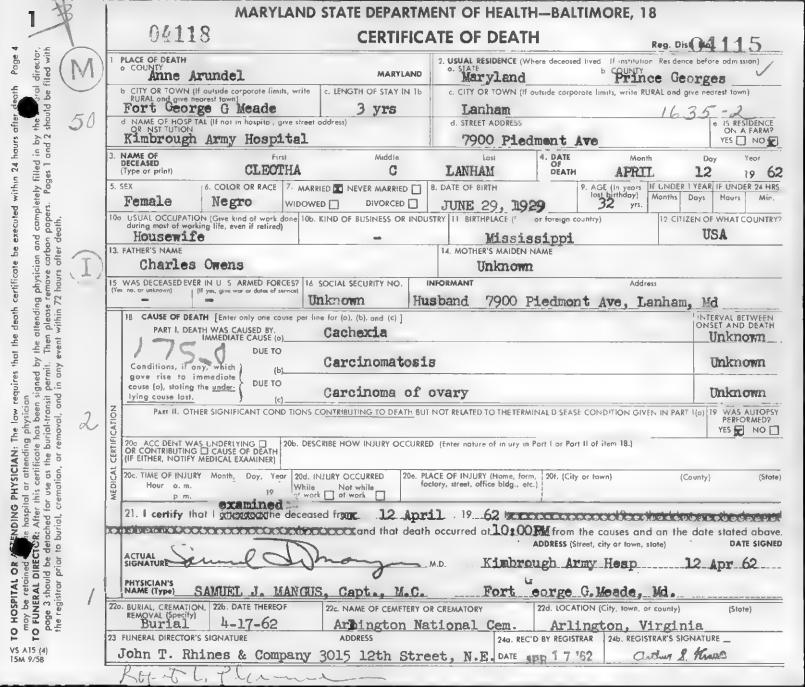


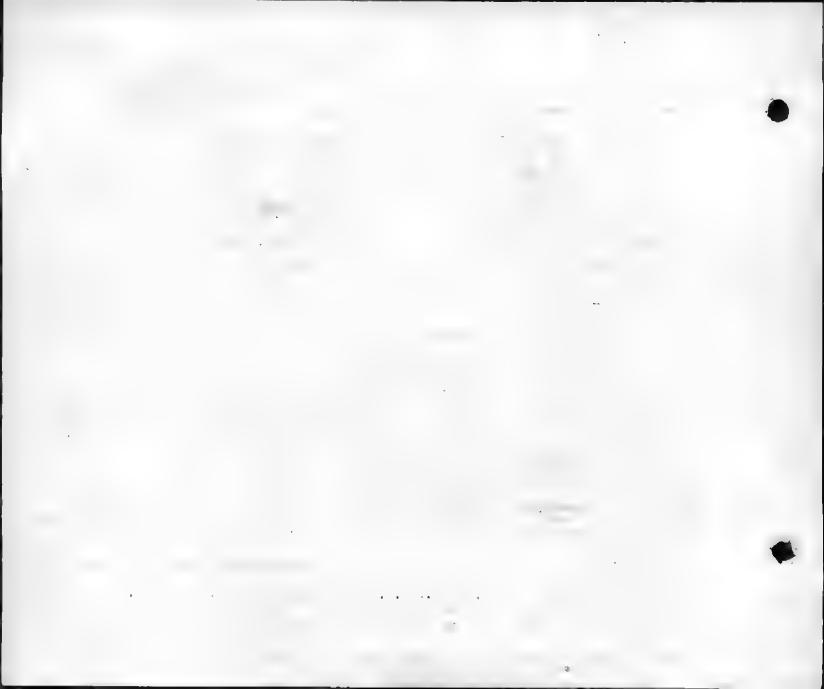
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MARYLAND	STATE DEF	ARTMENT	OF HEAL	.TH
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS B	BALTIMORE 1,	MARYLAND
CEI	TIFICATE	OF DEA	TH	

ARYLAND Anne Artifield Same Same COUNTY Anne Artifield Colling are necest lower Colling are	0.5111	CERTIFICATE	OF DEATH			_044	1.4	
EVEN OF CORN		11	o. STATE	ere deceased live	b. COUNTY	n: Residence befo	ore admiss	ion)
Description Company Constitution Constitution Company Constitution Company Constitution Company Constitution Company Constitution Company Constitution	b CITY OR TOWN (It outside carporate limits, write c RURAL and give nearest town)	LENGTH OF STAY IN 16		utside corporate		RAL and give ne	arest lowr	1)
Same Same Vist No.	d. NAME OF HOSPITAL (If not in haspital, give street addr	ver 7 y.						
Octob Otto			Same					
S. SEX	3. NAME OF First DECEASED	Middle		OF			-,	,
DIVORCED DIVORCED DIVORCED S/8/82 Double bibliohy Doys Mouris Min. Doys Mouris Min. Doys Mouris Min. Doy Mouris Min. Doys Mouris Mouris Mouris Doys Mouris Mouris Mouris Doys Mouris Mouris Mouris Doys Mouris Mouris Doys Mouris Mouris Mouris Doys Mouris Mouri			DATE OF BIRTH		-			.,
USUA OCCUPATION (Give kind of work done) 105. KIND OF BUSINESS OR INDUSTRY 11. BRITHFACE (Stole or foreign country) Bettined carpenter 12. ANTHER'S MAIDEN NAME UNKNOWN 13. FATHER'S NAME UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DRATH [Enter only one couse per line for (o), (b), and (c).] ANTI-OFFICIAL CAUSE BY: (MAND DIATE CAUSE (a), Coronary Occlusion Canditions, if any, which gove rise to immediate couse (o), training the winder (b) and treated by Dr. Stewart for Congestive Heart Failure and couse (o), training the winder (c) family physician Dr. Ball As the latter is away and I am take PART II. OTHER SIGNIFICANI CONDITIONS CONDENDING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPEY PERFORMENT 20. ACCIDENT WAS UNDERLYING DOWN INJURY OCCURRED. (Enter notive of injury in Port Lor Port II of them 18) 20. ACCIDENT WAS UNDERLYING DOWN DOWN DOWN DOWN DOWN DOWN DOWN DOWN		4L	DAJE OF BIRTH	1	ast birthdoy)		-	
Retired carpenter 3. FATHER'S NAME Unknown 5. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address Unknown S. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address ON THE PART I. DEATH WAS CAUSED BY. ON THE PART I. DEATH WAS CAUSED BY. Conditions, if any, which gove rise to immediate course (o), but not acted by Dr. Stewart for Congestive Heart Failure and course (o), totaling the under course (o), and treated by Dr. Stewart for Congestive Heart Failure and 2/2/62 and returned to his patients during his absence. When I was called last night vessely to the course of his patients during his absence. When I was called last night vessely to the course of his patients during his absence. When I was called last night vessely to the course of his patients during his absence when I was called last night vessely to the course of his patients during his absence when I was called last night vessely to the course of his patients during his absence when I was called last night vessely to the course of his patients of hi	10a. USUA. OCCUPATION (Give kind of work dane 10b. KINI		5/8/82 Y 11. BIRTHPLACE (State of	ar fareign caunti	-/9	12 CITIZENO	F WHAT	OUNTRY?
14. MOTHER'S MANDE 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DEGEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH 16. First only one couse per line for (o). (b). and (c). 215-10-7058 Mr. Francis Koch (son) INTERVAL BETWEEN ONSET AND DEATH STAGGED 18. CAUSE OF DEATH WAS CAUSED BY. 18. CAUSE BY.			Europe			IISA		
18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).	3. FATHER'S NAME			AME				
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (o) Coronary Occlusion 19. DUE TO Deceased was admitted To Md. General Hospital on A/2/62 19. Conditions, if ony, which gove rise to is immediate couse (o), stoling the year of the immediate couse out. (c) family physician Dr. Eall As the latter is away and I am take the part in other significant conditions contributions to death but not related to the terminal disease condition given in PART II(a) 19. WAS AUTOPSY PERFORMED? YES ONE CONTRIBUTIONS CO	Unknown		Unknown					
Record Death Enter only one couse per line for (o), (b), and (c).	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 5OC (Yes, no. ogrupingwa) (If yes, give war or dates of service)	IAL SECURITY NO. 17, INFO	RMANT		Addre	95\$		
ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary Occlusion Due to Deceased was admitted To Md. General Hospital on 4/2/62 Canditions, if ony, which gove rise to immediate cause (o) stating the under love to lot immediate cause (o), stating the under love of			. Francis Ko	och (sor	1)			
Conditions, if ony, which gove rise to immediate couse (a) to Deceased was admitted To Md. General Hospital on 4/2/62 Conditions, if ony, which gove rise to immediate couse (a) staing the under this parties to immediate couse (b) staing the under this couse (c) to pulmonary Edema. Was discharged on 4/17/62 and returned to him the couse of the terminal discharged on 4/17/62 and returned to him the couse of the parties of the latter is away and I am take part to pulmonary Edema. Was discharged on 4/17/62 and returned to him the couse of the latter is away and I am take part to pulmonary Edema. Was discharged on 4/17/62 and returned to him take the latter is away and I am take the latter is away and I am take part to pulmonary Edema. Was discharged on 4/17/62 and returned to him take the latter is away and I am take		r (o), (b), and (c).				ON	ISET AND	DEATH
Canditions, if any, which gave rise to immediate couse (c), stating the under lying couse ast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0 19. WAS AUTOPEY PERFORMENT OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0 19. WAS AUTOPEY PERFORMENT OR CONTRIBUTING TO AUTOPEY PERFORMENT OR COUNTRY (Home, form., 20f (City ar town) (County) (State) TO CONTRIBUTING TO AUTOPEY PERFORMENT OR COUNTRY (Home, form., 20f (City ar town) (County) (State) THOUSE THE COUNTRY (Home, form., 20f (City ar town) (County) (State) TO CONTRIBUTING TO AUTOPEY PERFORMENT OR COUNTRY (Home, form., 20f (City ar town) (County) (State) TO CONTRIBUTING TO AUTOPEY PERFORMENT OR COUNTRY (Home, form., 20f (City ar town) (County) (State) TO CONTRIBUTING TO AUTOPEY PERFORMENT OR COUNTRY (Home, form., 20f (City ar town) (County) (State) TO CONTRIBUTING TO AUTOPEY PERFORMENT OR COUNTRY (Home, form., 20f (City ar town) (County) (State) TO CONTRIBUTING TO AUTOPEY PERFORMENT OR COUNTRY (Home, form., 20f (City ar town) (County) (State) TO COUNTRIBUTING TO AUTOPEY PERFORMENT OR COUNTRY (Home, form., 20f (City ar town) (County) (State) TO COUNTRIBUTING TO AUTOPEY PERFORMENT OR COUNTRY (Home, form., 20f (City ar town) (County) (State) TO COUNTRIBUTING TO AUTOPEY PERFORMENT OR COUNTRY (Home, form., 20f (City ar town) (County) (State) TO COUNTRIBUTING TO AUTOPE	IMMEDIATE CAUSE (6) UOTONA							<u>n</u>
Due to Pulmonary Edema. Was discharged on 4/17/62 and returned to hi lying couse ast. Part II. OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Care of his patients during his absence. When I was called last night 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item IB) OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER								
Course (a), stating the under to Pulmonary Edema. Was discharged on 4/17/62 and returned to his patients discharged on 1/2 and 1/4								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES DO RONTRIBUTING DATE AND PART IVAN AUTOPSY PERFORMED? YES NOTE: 20. ACCIDENT WAS UNDERLYING DO RONTRIBUTING DATE AND PART IVAN AUTOPSY PERFORMED? YES NOTE: 20. ACCIDENT WAS UNDERLYING DO RONTRIBUTING DATE AND PART IVAN AUTOPSY PERFORMED? YES NOTE: 20. ACCIDENT WAS UNDERLYING DO RONTRIBUTING DATE AND PART IVAN AUTOPSY PERFORMED? YES NOTE: 20. ACCIDENT WAS UNDERLYING DO RONTRIBUTING DATE IVAN IVAN AUTOPSY PERFORMED? YES NOTE: YES NO	cause (a), stating the under- DUE TO PULLING						ned	to hi
20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 of work		y physician Dr	Ball As th	ne latte	r is a	Jay and		
20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 of work	FART II. OTHER SIGNIFICANT CONDITIONS CON						PERFO	RMED?
20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 of work	care of his patients duri	ng his bbsence	Enter nature of injury in P	Called	last n	ight	162	NOXI
20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 of work	OR CONTRIBUTING CAUSE OF DEATH			0,1,7,0,1,0,1,7,7	,			
21 I certify that (I) (this hospital) attended the deceased from None 19, to None 19, that (I) (we) lost saw the deceased alive on 19, and that death accurred at M, from the couses and on the date stated above 220 SIGNATURE 22		RY OCCURRED 20e. PLACE		20f (City or t	tawn)	(Caunty)	(State)
21 I certify that (I) (this hospital) attended the deceased from None 19, to None 19, that (I) (we) lost saw the deceased alive on 19, and that death accurred at M, from the couses and on the date stated above 220 SIGNATURE 22	Hour o. m. 19 While	LADI MILIE	y, street, affice bldg., etc.)				
saw the deceased alive on			None 10	to No	າກດ	10 t	hat (I) (lual last
220 SIGNATURE 220 SIGNATURE 220 SIGNATURE 220 PHYSICIAN'S NAME (Type) Gustave H. Faubert M.D. 230 BUR AL (REMATION 23b DATE THEREOF REMOVAL (Specify) 230 NAME OF DEWLERN OR CREMATORY REMOVAL (Specify) 231 LOCATION (City town or county) 232 REGISTRAR'S SIGNATURE ADDRESS 250. RECIDEN REGISTRAR'S SIGNATURE								
22c PHYSICIAN'S NAME (Type) Gustave H. Faubert M.D. Glen Burnie Md. Gle	22c SIGNATURE		Subst	I t ute		2 011 1110 001		b.DATE
Clen Burnie Md. Glen Burnie Md. Glen Burnie Md. Glen Burnie Md. Glen Burnie Md. Control County		2 Drebe M.C	DIF (SYHE)	RECTOR D	HYS	4/2	26/62	SIGNED
23d BUR AL (REMATION 23b DATE THEREOF 23c NAME OF CEMETERS OR CREMATORY 23d LOCATION (City town or county) (Stote) REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERS OR CREMATORY 23d LOCATION (City town or county) (Stote) PUNERAL DIRECTOR'S SIGNATURE 25b REGISTRAR'S SIGNATURE.	22c PHYSICIAN'S NAME (Type)							
REMOVAL (Specify) 2/3C-C 4/5Ly (COS) # 250. RECISTRARY, SIGNATURE. Appless 250. RECISTRARY, SIGNATURE.								
1/1Chief to the first	230 BUR AL CREMATION 236 DATE THEREOF 23 REMOVAL TSpecify) 2 3 - 3 - 5			23d LOCATION	*ICity town of	r county)	(Stot	te)
	FUNERALDIRECTOR'S SIGNATURE FORT	Aprokess /		ph general	25b REGIS	TRARIS SIGNAT	IRE	







STREET, BALTIMORE 1, MARYLAND TATISTICAL RESEARCH AND OF DEATH CERTIFICATE funeral should USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEAD MARYLAND c CITYADR TOWN (If outs de corporate limits, write RURAL and give neerest town) OR TOWN (if Autside corporate limits, E LENGTH OF STAY IN 16 RURAL and have nearest town) 6 odr th ha Pages 1 hours after filled o. IS RESIDENCE OF HOSPITA OR INSTITUTION (if not in hospital, a ON A FARM YES NO completely 3. NAME OF M ddle DECEASED OF (Type or print) DEATH 196 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE AGE (In years and Months Days Hours Min. requires that the deeth certificate physician 10a USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? working life, even ret red) please 13 FATHER'S NAME MOTHER'S MAIDEN attending i 2. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. physician. 18. CAUSE OF DEATH itnier only one cause pe signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) gave rise to immediate cause DUE TO has (a), stating the underlying certificate ha cause last. ğ TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART .. OTHER SIGNIFICANT CONDITIONS CONTRIBU CERTIFICATION PERFORMED? NÖ 20e. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (State) 20d. INJURY OCCURRED 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 1904; that (I) (we) last ayer ded the deceased from. coffify that (I) (this haspital) pluods 62-, and that deeth occured at .M. from the causes and on the dete stated above. deceased/ 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. death. Page TO FUNERAL director, page 3 be filed with th PHYS. M D 22d ADDRESS PHYS CIAN-S NAME (Ty 23a, BURIAL, CREMATION, | 236 DATE THEREOF NAME OF CEMETERY OR CREMATORY TREMOVAL (Specify) REC'D BY REGISTRAR VR A15 (4) 15M 7/61 arthur

DEPARTMENT OF HEALTH

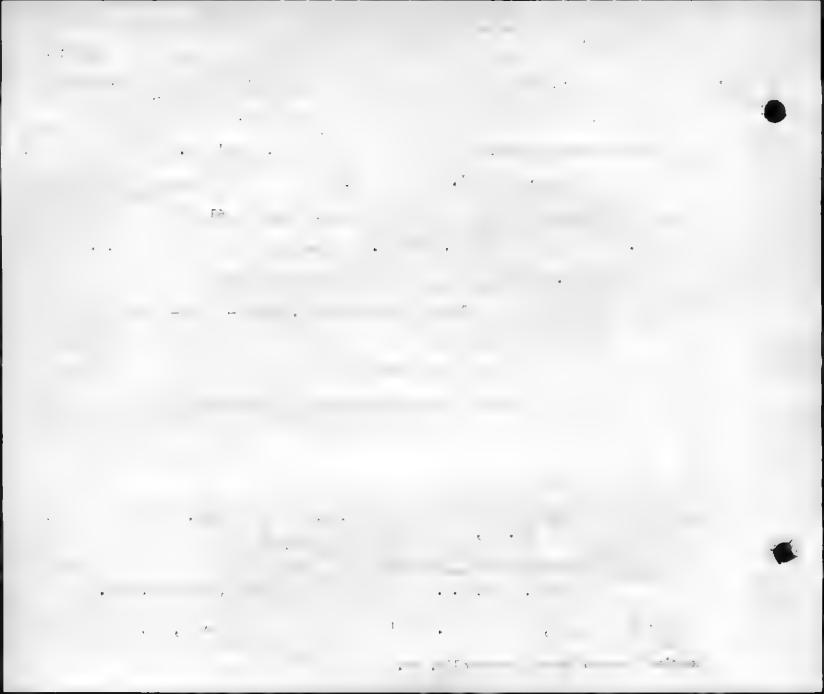


VR A15 (4, 15M 7 61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07.190 CERTIFICATE OF DEATH

U2120			
1. PLACE OF DEATH	2. USUAL	RESIDENCE (Where deceased lived, If Insti	tutions Residence before edmission)
*. COUNTY Anne Arundel	MARYLAND 0. STATE	Maryland b. COUNTY	Anne Arundel
b. CITY OR TOWN (if outside corporate limits,		OR TOWN (If outside corporete limits, write RU	RAL end give neerest town)
write RURAL and give nearest town)	16.	Annapolis	
d. NAME OF HOSPITAL OR INSTITUTION LIF not in hosp	(iel, give street eddress) d. STREE	T ADDRESS	D. IS RESIDENCE
			ON A FARM?
Anne Arundel General Hespit	Middle Last	5 St. Mary's St.	YES NO Y
DECEASED [Type of print]	-	OF DEATH	
Bernara	J. MARTIN	April	29 1962 UNDER 1 YEAR IE UNDER 24 HRS.
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DATE OF BIR		onths Days Hours Min.
Male White WIDOWED	LI PLOY 20		
10s JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11, BIRTHP	EACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret.	lect. US GOV. M	aryland	U.S.
13. FATHER'S NAME	14. MOTHER	'S MAIDEN NAME	
Charles B. Martin		Gertrude Davis	
15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16, S. (Yes, no, or unknown) (Ifyesgive war or dates of service).	OCIAL SECURITY NO. 17. INFORMANT	Address	
	6 18 5322 Mrs Viole	t S. Martine Wifee :	Same as # 2
18. CAUSE OF DEATH [Enter only one cause per lin	te for (e), (b), end (c).]		ONSET AND DEATH
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	REMIA		5-0145.
1/17 X DUE TO	•		
	ELONEDHRITIS		21 DAYS
geve rise to immediate cause	y : 1022 y : 0 g : 0 y : 0		/ -
E tel, stering the uncertying i	CINOMA PROSTA	TE, METASTATIC	2 mos,
The state of the s	IR BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOPSY
JOHN STATE OF THE			PERFORMED?
PART II. OTHER'S GNIFICANT CONDITIONS CONT 20 ACCIDENT WAS UNDERLYING 20b DESC 20 OR CONTRIBUTING 20b DEATH 0 (If Either, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURED (Enter neture	of in ury in Part 1 or Part 1 of Item 18.)	110 10 10
OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)		•	
	NURY OCCURRED 200, PLACE OF INJURY	(Home, ferm, 20f (City or town)	(County) (State)
Hour e.m. While	Not While fectory, street, office		
		1062 Amm 20	442
21. I certify that (I) (ISSOCIEDED) attend			
saw the deceased alive onApr 29	1906, and that death occu	ired atM, from the causes and	d on the date stated above. 22b, DATE
220. SIGNATURE	ATTEND	ING MED, STAFF	SIGNED
22c. PHYSISLAMS	M.D PHYS.	DIRECTOR PHYS.	4/30/62_
NAME (Type) Edward S. Beck		Franklin St., Annapol	is Mal.
236. BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR CREMATO		
Burial May 2, 1962	St. Mary's Cemeter		
24 TUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RECID BY REGISTRAR 25b. REGIST	MAR'S SIGNATURE
Hopping Funeral Home Ann	apolisMi-	DATE	VA CONTRACTOR OF THE PARTY WAS PROPERLY



DIVISION OF STATISTICAL RESEAR ESTON STREET, BALTIMORE 1, MARYLAND funeral hours after I. PLACE OF DEATH USUAL RESIDENCE (Where deceased leved, if institution, Residence bafore admission) COUNTY CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown MARYLAND and b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 write RURAL and give nearest lown) avs trederick filled d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address IS RESIDENCE ON A FARM? State Hospita YES NO IX Lrownsu 3. NAME OF 4. DATE Dev Year Middle Month DECEASED OF AAr 19 62 {Type or printi DEATH and con carbon 5. SEX AGE (In years | IF UNDER I YEAR IF JNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X last birthday) Months WIDOWED law requires that the death certificate DIVORCED physician IDa. USUAL OCCUPATION (Give kind of work 10b. KI BUSINESS OR INDUSTRY 1.12. CITIZEN OF WHAT COUNTRY? an constitat done during most of working I fe, even if relired) 1200000 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Lillian Jefferson ā 15. WAS DECEASED EVER IN J S. ARMED FORCES? Address (Yes, no, prunkown) (Ifyesg.vewerordalesofservice) attending physician. as been signed by the 0 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYongestive Heart IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (e), stating the underlying cause lest # 19 6 certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY CERTIFICATION 8 PERFORMED? NO F 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part t or Part II of Iam 18.) 20s ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20s, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. T.ME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour a.m. Should be de at work at work p.m. .21 /, 19.63 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from . 19 6.2., and that death occured at 4.3M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22e SIGNATURE ATTENDING SIGNED death. Page 4 TO FUNERAL director, page 3 be filed with the DRECTOR ; PHYS. PHYS. MD. 22d ADDRESS 22c. PHYS CIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (Stete) 234 BURIAL CREMATION, 235 DATE THEREOF Mt. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 MED DATE

ARYLAND STATE DEPARTMENT OF HEALTH



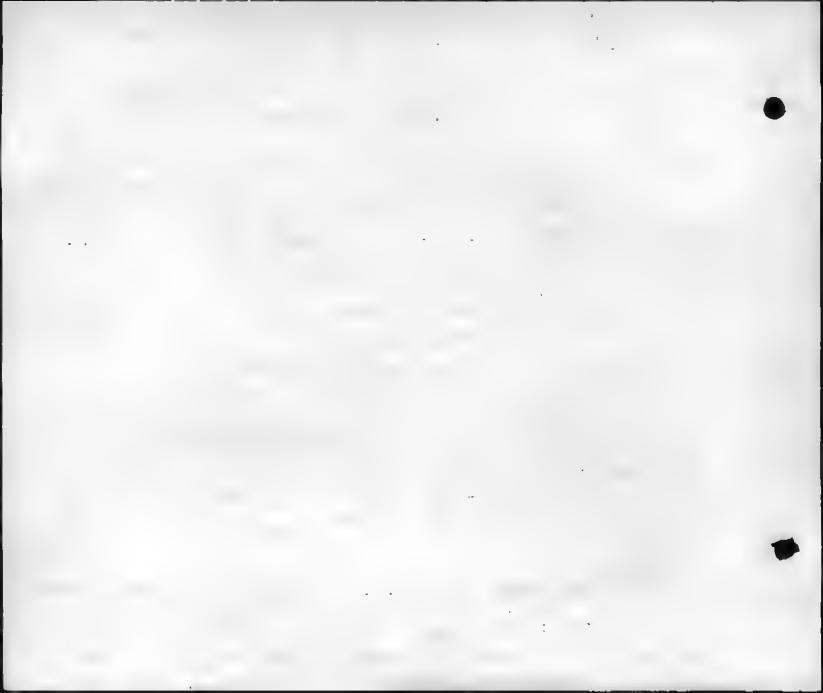
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Whare decassed lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY Maryland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Anne Arundel MARYLAND and b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 write RURAL and give nearest town) 15 years mos.13 day after Crownsville days Cumberland filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Crownsville State Hospital YES NO Unknown 3. NAME OF Middle Last 4. DATE Month Yaa DECEASED OF Alfred McQuire 1962 (Typa or print) DEATH carbon 6. COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH pue last birthday) Months Days Hours , Min. Male WIDOWED DIVORCED 1887 physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Virginia Janitor please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊑ attending Unknown Edney Tigney Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ova (Yes, no, or unknwn) (Ifyes giva war or detas of service) Hospital Records 18. CAUSE OF DEATH [finter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ģ ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Hypostatic Pneumonia IMMEDIATE CAUSE (a) DUE TO Septicemia from Decubital Ulcers (b) gave rise to immediate cause DUE TO (a), stating the undarlying burial certificate ha PART IL OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PERFORMED? NO X Chronic Brain Syndrome Associated with Generalized Arteriosclerosis 20e. ACCIDENT WAS UNDERLYING DOOR DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of Itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month Day, Year factory, street, office bldg., atc.) Not While at work" p.m.19.62... and that death occured at \$5000, from the causes and on the date stated above. saw the deceased alivenon 22b. DATE STAFF ATTENDING death. Page 4

IO FUNERAL

director, page 3

be filed with the DIRECTOR PHYS. PHYS. 22 PHYS CIAN 22d. ADDRESS Hildegard Heard Reissman, M. D. Crownsville State Hospital. Maryland 23c. NAME OF CEMETERY OF CREMANORY 23a. BURIAL, CREMATION 1 23b. DATE THEREOF 23d. LOCATION (City, fown or county) REMOVAL (Specify) 25s. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7 61

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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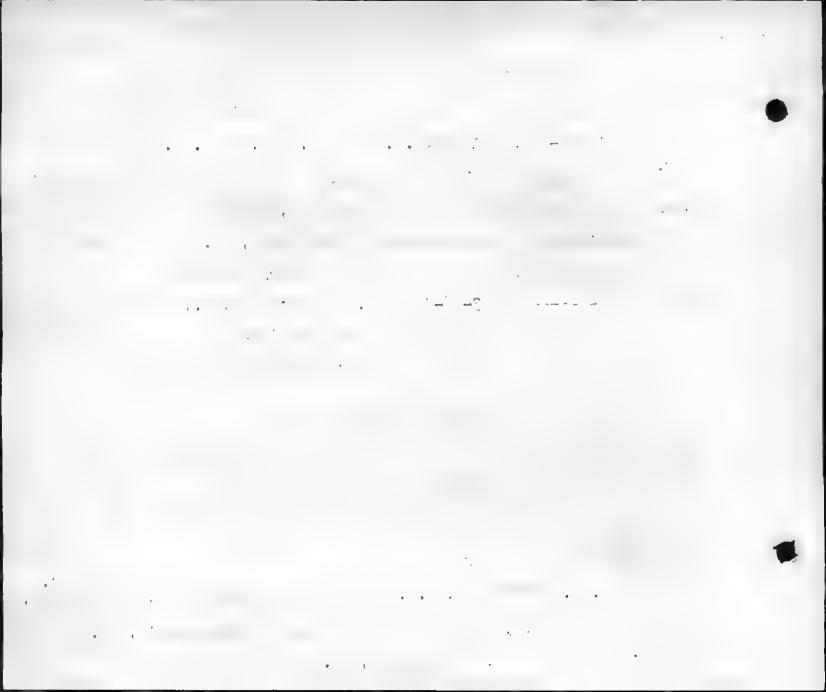
		E OF DEATH							ESIDENCE (W	here decease			: Residence	befare a	dmission)	
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1	b. CIT	TY OR TOWN (If RALptd give ne	autside carp arest tawn)	orate limits, v	vrite c. Ll	ENGTH OF STA	Y IN 1b	c. CITY C	OR TOWN (If	autside carp	orate limit	s, write RUI	RAL and giv	e negrest	lawn)	_
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		AME OF HOSPITA LINST <u>IT</u> UTIÓN	AL (If not in h	aspital, give	street addre	ss)		d. STREE	T ADDRESS					e. 15	RESIDENCE	
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		ar print)		Sue	F	orest		Nasi	a	DEATH		Apri	1 :	20	19 62	
	5 SEX		6 COLOR C	OR RACE 7	MARRIED 5	NEVER MAR	RIED 🔲 B	DATE OF B	IRTH		9. AGE	n years	FUNDER 1		JNDER 24 HR	S
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	V1	ce Pre			Nas	sh Wel	ding		Ltimo		Md.			USA		_
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	15. WAS	DECEASED EVER				AL SECURITY N	IO. 17. INF	ORMANT	Meta	ry Ja	He N	Addre	35			-
/		or unknown) (or dates of service		06:00				Ml-	C-			- 0		
					215	-20 - 27	25 Mr	· Uni	arles	Magn	, Br.	, sa	me a		I permanent	_
	18.	PART I DEA	TH [Enter ar TH WAS CAU		per line far	(12), (b), and (es (The	10111	Ve Oct	14			ONSET	L BETWEEN	1 .01
		// m	IMMEDIATE	CAUSE (a)		بالمسائرة معلمت	7	1-1VE	mun	Marie C	~ 1		_		TILLE	-166
		4-01		DUE TO	Mys T	Them.	501	1100	1/2/1	21/1/2	n 1/0	1110	101			
		anditians, if ai		(b)	UVU	/WV	الانات	vew	u u	vun	you	icing	1100			_
	cau	use (a), stating t ng cause last.		DUE TO						1	lu	Luc	20	5	Jean	
	Z _	PART II. OTH	ER SIGNIFICA	ANT CONDITI	IONS CONTI	RIBUTING TO E	DEATH BUT	IOT RELATED	TO THE TERM	AINAL DISEA	SE CONDI	TION GIVE	N IN PART	(a) 19. Y	AS AUTOPS'	Y
	§														NO [3
	CERTIFICATION (IL E	ACCIDENT WA CONTRIBUTING EITHER, NOTIFY	S UNDERLYIN	F DEATH	. DESCRIBE	HOW INJURY	OCCURRED.	(Enter natu	re of injury in	Part Lar Pa	art II of ite	m 18)				_
							00.014		by all to	005 401					40.	_
	WEDICAL 2006	Hour a.m.	Month,			Not while			RY (Hame, far ffice bldg., e)		ty ar tawn	,	{Ca	uniy)	(Stal	e)
	¥	p. m.			at wark 🔲	at wark 🔲										
	21	I certify tha	t (I) (this I	naspital) a	ttended t	he decease	d fram	8-11	Z 19	252 10.	4:	20	194	3 that	(I) (we) ia	st
		v the deceas				19/22 ar			red at///	2M, from	the car	uses and	an the	date sta	ated abave	e
	22a	SIGNATURE	llas	11.	01	2111				-					22b.DATE	
	'	UNVI	MICK	acce	14 11	1114	M	.D. PHYS		AED. DIRECTOR [STAFF PHYS				SIGNE	U
	22c	PHYS CIAN'S NAME (Type)						22d. AE	DRESS						Md.	
		NAME (Type)	J. R.	MacD	ona 1	d. M.	D	204	Cra1	in Hi:	o'hwa:	v_SW		n. R	urnie	
	230 BU	AL, CREMATO	N, 23b. DAT			NAME OF CE						ly, tawn, ar			(State)	*
1	REA	rial		r1124		Glen_	-				7.00	D			, ,	
1		ERAL DIRECTOR				MIDRESS	TGPATO!	Mellill		D BY REGIS	len STRAR	Burn	RAR'S SIG	ATURE		
1.		Onning		100	0.77	Jan B		163		PR 23			Lug 8 s			

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained. As haspital ar attending physician.

TO FUNERAL DIRECTUR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death

TO HOSPITAL OR 4 VR A15 (4) 15M 9/59



RYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND DEATH 1-1/62 iwk 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY, b. COUNTY MARYLAND ENGTH OF STA IN 16 2 Y . 2 MO .) day c. CITY OR TOWN (If outside corporate I mits, write RURAL and give neares town) بريث برديس d. STREET ADDRESS d. NAME OF HOSPITAL OR NSTITUTION (if not in hospital, q va street address) ON A FARM? 3. NAME OF DECEASED OF (Type or print) DEATH 20 carbon 5. SEX IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In yours (IF UNDER 1 YEAR) MARRIED NEVER MARRIED and last birthday) Monthal Days Hours WIDOWED TO 10a. USUAL OCCUPATION (Give Kithy of Kork done duppe most of working live, even if relired) 940 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? & State or foreign country) Howard County Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivawarordatesofservice) is. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Und new DUE TO eact diseace Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8., 19. WAS AUTOPSY cate PERFORMED? NO F 208. ACCIDENT WAS UNDERLYING LE OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED , 20s. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (State) factory, street, office bldg , etc.) While Not While at work at work attended the deceased from... . 5. 21. I certify that (I) (this hospital) saw the deceased alive 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D. O HOSPITAL death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BUR.AL, CREMATION, | 236 25a. REC'D BY 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60 DATE arthur .



death. Page 4 be retained by the hospital or attending physicien.

O FUNERAL DESECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and event, within 72 hours after death. hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04122

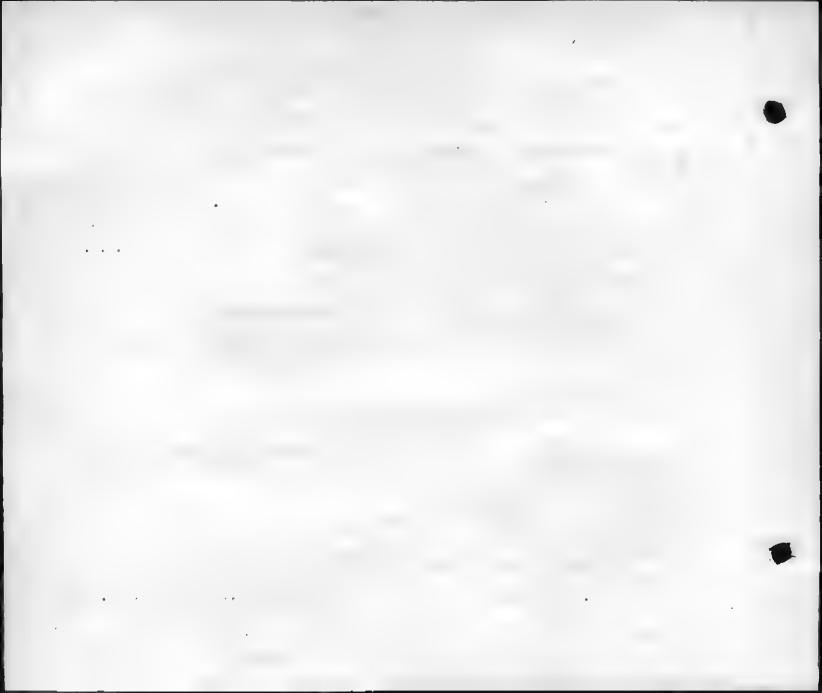
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П	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission)
7	Anne Arundel MARYLAND	•. STATE Maryland Anne Arundel
ı	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	10 000000000000000000000000000000000000
	Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	/ O Annapolis /d. STREET ADDRESS
ا د	d. NAME OF HOSPITAL OR INSTITUTION (IT not in Rospital, give street eddress)	d, STREET ADDRESS a. IS RESIDENCE ON A FARM?
- [Anne Arundel General Hospital	Melvin Road YES NO 13
	3. NAME OF DECEASED OLOF CHRISTIAN N	Date Month Dey Yeer
	(Type or print) / Me//SOn	ELSON OF DEATH April 13 19 62
ŀ		Olaf April 13 19 62 date of Birth 19. AGE (In yours IF UNDER 1 YEAR) IF UNDER 24 HRS.
	5. SEX OLOK OR RACE 7. MARRIED X NEVER MARRIED 3	last birthday) Months Deys Hours Min
	Male White WIDOWED DIVORCED	1/23/77 85 yrs.
- 1	10s. USUAL OCCUPATION (Give kind of work dogs during most of working life, even if retired)	Y 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Chanthers Chanthers	Sweden U.S.A.
	13. FATHER S PANE	14. MOTHER'S MAIDEN NAME
N	(For Delama)	Mark
/	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	moun
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) [Ifyesgive were relates of service)	Mrs Erih W. allman Addros
		Hospital records
	18. CAUSE OF DEATH [Enter only one cause per lane for (e). (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Many Orelle As suit 5 mars
		Unacconstant of the
	DUE TO	
	Conditions, if any, which (b)	
	(e), stating the underlying DUE TO	
- 1	cause test. (c)	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OF THE FIFTHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES TO NO TO
	U A A COLONIA WALL TO INVESTIGATE CO. A SECRET HOW A UNION OF COLONIA	
	200. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [] CAUSE OF DEATH	. (Enter neture of 'n ury in Part I or Part II of item 18.)
- 1		
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour e.m. While Not While tech	tory, street, office bldg., etc.)
		1116 112 11/12 112
	21. certify that (I) (this hospital) attended the deceased from.	
	saw the deseased alive on	death occured a 457.M, from the causes and on the date stated above.
	22e SIGNATURE	ATTENDING MED. STAFF SIGNED
	august thouse	D. PHYS. DIRECTOR PHYS.
	22c. THYSICIAN'S	22d. ADDRESS
	NAME (Type)	Franklin St., Annapolis, Md.
	Dr. Edward Beck	
	23a, BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	CA CAMPATOR (CITY, TOWN OF COUNTY) (STORE)
	18 mice 4-16-1462 At Ames	com amaprio ha
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Jolin M. Jayla Sun Chronafol	DATE SPR 17'62 Orthun & thomas

TO HOSPITAL death. Page 4 TO FUNERAL I VR A1S (4) ISM 7/61

24

The law requires that the death certificate be executed within

ATTENDING PHYSICIAN:



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04126

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

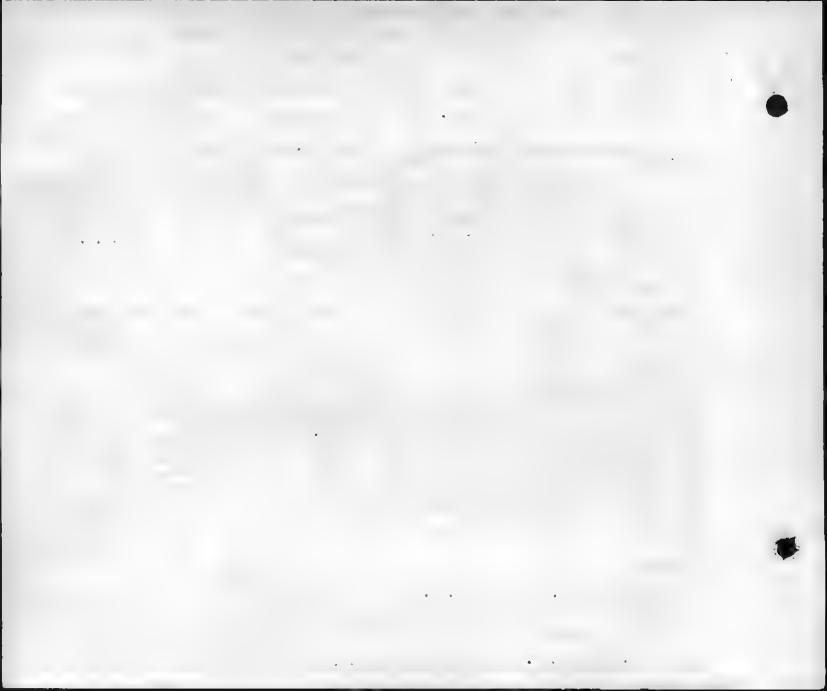
Reg.	Dist.	Nd 4	123

)	1. [MACE OF DEATH COUNTY Anne Arus	ndel		MARYI	AND	2. USUAL RESIDENCE (V o. STATE Maryland	Where deceo		tion: Reside Y LMOPE			ission)
	b	CITY OR TOWN	f outside corporate limits, write	RURAL	c. LENGTH OF STAY II		c. CITY OR TOWN (II	fautside cor	porate fimits, write	RURAL and	give n	earest to	wn)
		Crownsvi.			1 mo 24 year	rg	Baltimore			9.	. 1	- 1	
	d			f not in	n hospital, give street address		d. STREET ADDRESS	>1			<u>t. 1</u>		ES DENCE
			lle State H	osp	itaj		233 N. Ar	mity S	treet				A FARM?
	3. [NAME OF DECEASED	Fin	rit.	Middle		Lost	4. DATE OF	Monti	h .	Day	1	fear
	- ((Type or print)		arl			Norris	DEATH	4		21	1	62
	5. \$	EX	6. COLOR OR RACE	7. M	ARRIED NEVER MARRIED	BC 8.	DATE OF BIRTH		9. AGE (In years lest birthday)	IFUNDER			ER 24 HRS.
<i>'</i>]	Male	Negro	WIDO	OWED DIVORCED	J	une 5. 1913		48 ym.	Months	Days	Hours	Mîn.
	10a	. USUAL OCCUPATION	ON (Give kind of work one life, even if retired)	fone 1	Ob. KIND OF BUSINESS OR II	NOUSTR	Y 11. BIRTHPLACE (State	or foreign e	pountry)	12. CITI	ZEN O	F WHAT	COUNTRY?
		Laborer					Maryland			t	J.S.	A.	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
		Unl	known				Eleanor 1	Parker					
	15.	WAS DECEASED EV	ER IN U. S. ARMED FOI		16. SOCIAL SECURITY NO.	17. IN	PORMANT		Address				
	[700	No	(ii yes, give war or agest or	Hervice	Unknown	E	lospital Reco	ords					
		18. CAUSE OF DEA	TH [Enter only one cau	se per	line for (o), (b), and (c).]						INTER	VAL BETWI	EEN
		PART I. DEA	TH WAS CAUSED BY:		Bronchogenie	c Ca	rcinoma					onth	
		162	DUE TO										
		Conditions, if a	,										
		gove rise to imme	diate cause								-		
		(o), stating the s	enderlying (c)										
	Z	PART II. OTI	TER SIGNIFICANT CON	NOITIC	S CONTR BUTING TO DEATH	BUT NO	OT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 1	9. WAS	AUTOPSY
	CERTIFICATION				tusions due to				neumonia			PERFO	RMED?
	Ä	20g EXTERNAL CAL	ISE WAS 120		CRISE HOW INJURY OCCUR								110
		PRIMARY OF COL	NTRIBUTING [,				
	MEDICAL	20c. TIME OF INJU	RY Month, Day, Yea			PLAC	E OF INJURY (Home, form	20f. (Cit)	y or town)	(Cou	nty)		(State)
	WEC	Haur Q. m. p. m.	19		White Not white the work of work	TOUTO	It super, orner prog., ore.	1					
		21. I certify ti	hat I took charge	of th	he remains described	abov	e, held an Autops	y 🔀 l	nspection ,	Inquir	y 🔲	and	find that
		death resulted	from: /Norural	cause	Accident [],	Suic	ide 🔲, Homicide	, U	ndetermined o	ause 🗍	. –		
			6//		\mathcal{T}_{I}								
		ACTUAL SIGNATURE	n Ku	5	re 771		M.D. CHIEF MEDICAL EX	CAMINER [DATE S	IGNED
1			1 to	-			ASSISTANT MEDIC	AL EXAMINE	R 🗇				
		EXAMINER'S NAME (Type)	Elmer G. Li	nha	rdt, M. D.		DEPUTY MEDICAL	EXAMINER (Z			4/24	/62
	22 a.	BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c. NAME OF CEMETER			22d. LOCA	TION (City, town,	or county)		(Stote	
		Jurial	4/28/62		Burial Gro	e S	tate Hospita					•	yland
		TUNER & DIRECTOR	'S SIGNAPORE	/4	1111			D BY REGIST		TRAR'S SIG	NATUE	RE	
	un	EV 25-57	Hardy M. D	3/6	aper in tendent	, C	S.H. DATE	FRR 2	7 '62	arthur	9 ,	Lines	
-		-											

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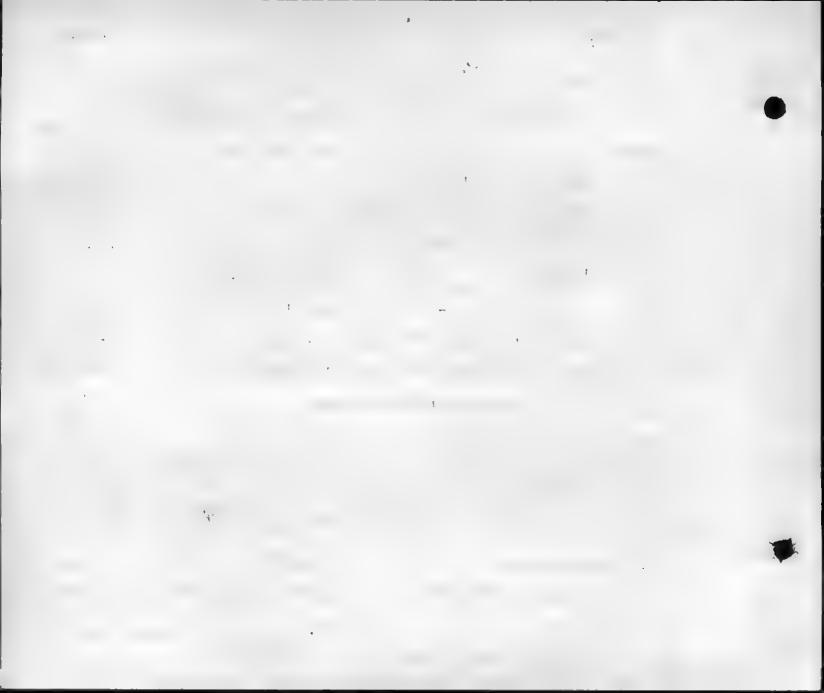
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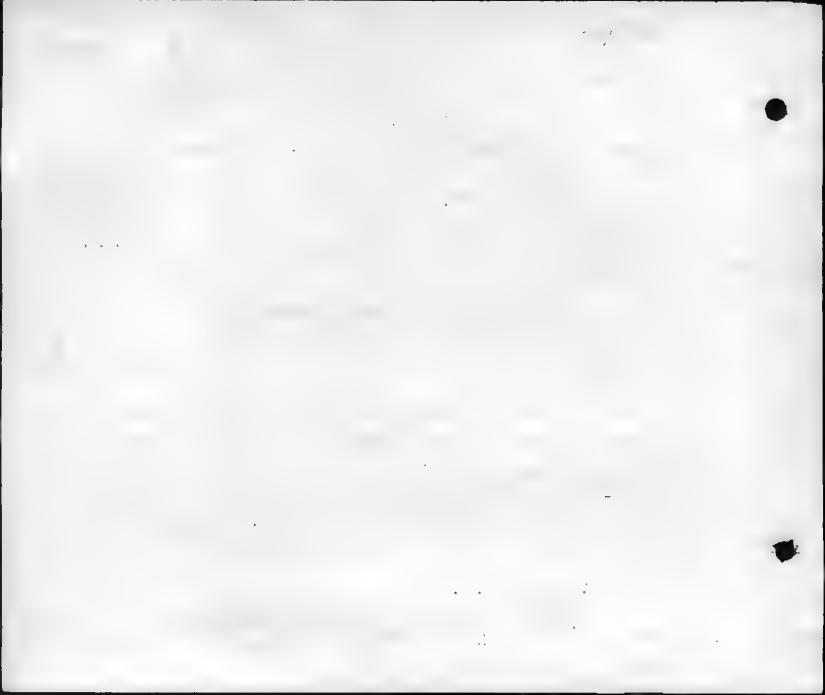
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death.	TO FUN	be filed
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CENTIFICATE OF DEATH

	CERTIFICAT	E OF DEATH	04125
Л	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceesed livad, If	nstitution: Residence before admission)
	a. county Anne Arundel	Maryland Bal	timore City
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write	PIRAL and give peeter lower
	write RURAL end give naarest town)		KOKAE and give needes: 15wn)
	Crownsville	Baltimore	2 8 / -
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d STREET ADDRESS	IS RESIDENCE ON A FARM?
	Crownsville State Hospital	1045 N. Kenwood Avenue	YES NO
	3. NAME OF first Middle	Lasi 4. DATE Month	Day Yeer
	(Type or print) Lillian 5.	Perrin DEATH 4	15 ₁₉ 62
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		IF UNDER 1 YEAR, IF UNDER 24 HRS.
		September 4, 1934 27 yrs.	Months Deys Hours Min.
	Toe. USUAL OCCUPATION (Give kind of work 1 10b, KIND OF BUSINESS OR INDUSTRY	Y 11 BIRTHPLACE (County & State, or fore gn country)	12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired} Unknown	Maryland	U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.5.A.
. `	Henry Barnes	Bessie Spell	
	15. WAS DECEASED EVER IN J S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	•	
	(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	And Antigoral and Antigoral Antigora	
	18 CAUSE OF DEATH [Enter only one cause per une for (e), (b), and (c).]	ospital Records	1 11 17 17 17 17 17 17 17 17 17 17 17 17
	DADT I DEATH WAS CAUSED BY	0.71	ONSET AND DEATH
	MMEDIATE CAUSE (e) Fatty Degenerati	on of Liver	1
	DUE TO		
	Conditions, if eny, which (b) Chronic Alcoholi	sm	1
	geve rise to immadiate ceuse (a), stelling the underlying DUE TO		
	cause lest.		1
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIV	
-	Chronic Brain Syndrome Associated wit	h Convulsive Disorder	YES X NO
	E 200 ACC DENT WAS UNDERLYING LT L 206, DESCRIBE HOW NIJEY OCCURED.	(Enter neture of injury in Pert f or Part II of item 18.)	(
	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH		
		CE OF INJURY (Home, ferm, 20f. (City or town)	(County) (Stete)
	Hour e.m. While Not While fector	ory, street, office bldg., etc.}	(2227)
		3/8 62 4/35	
	21. I certify that (I) (this hospita)) attended the deceased from.		
		death occured a 215M, from the causes	
	220 SIGNATURE	ATTENDING MED. STAFF	22b. DATE
	William M.		4/16/62
	22c. PHYSICIAN'S NAME (Type) T. Romadian D.	22d. ADDRESS	
	L. Benedict, M. D.	Crownsville State Hosp	
	238 BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d, LOCATION (City, fow	n or county) (State)
	Burial 4-20-62 Mt. Calvan	V CEMETERY TAKE HIN	undel Co. Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REC	ISTRAR'S SIGNATURE
	1: 1-1 -1 ilil - 16:16-1417 C. Ure	DATE APR 1 8 '62 CL	Thur S. Kraue
		And the second s	_==



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if Institution: Residence before admission) I. PLACE OF DEATH a. COUNTY b. COUNTY Maryland Anne Arundel Baltimore City 27 MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town? years 9 dava after Crownsville MOS. Baltimore Pages filled a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? hours a YES NO 1029 Lanvale Street Crownsville State Hospital NAME OF 4. DATE Month Year Middla 72 OF DECEASED Kelsir Phillips 1962 (Type or print) DEATH 14 withi carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH AGE (In years pue last_birthday] Months 1910 Hours Male Negro WIDOWED DIVORCED please ren 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work 6 done during most of working life, even if retired) Maryland U.S.A. any Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ William Phillips Addie Holsew affen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or dates of service) No Unknown Hospital Records INTÉRVAL BETWEEN 18. CAUSE OF DEATH letter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Pulmonary Hemorrhage signed IMMEDIATE CAUSE (a) DHE TO attending Pulmonary Hypertension fary. (b) geva rise to immediate cause DUE TO (a), stating the underlying has the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS ALTOPSY certificate CERTIFICATION PERFORMEDZ NO Y Schizophrenic Reaction, Paranoid Type 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH the the After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) ached ģ 20e. PLACE OF INJURY (Home, farm, (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., atc.) While. -Not-White et work et work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from ... 8/5 19 62, and that death occurred a 3232M, from the causes and on the date stated above, U saw the deceased 22b. DATE 22e. SIGNATURE 16/652 ATTENDING MED STAFF DIRECTOR PHYS. PHYS. death. Page 4 with it 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Benedict. Crownsville State Hospital, Maryland director, 7State) 23c. NAME OF CEMETERY OR GREMATORY 723d, LOCATION JCity, lown or county 23s. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A1S (4) PR 3 0 '62 Though

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MARYLAND STATE DEPARTMENT OF HEALTH

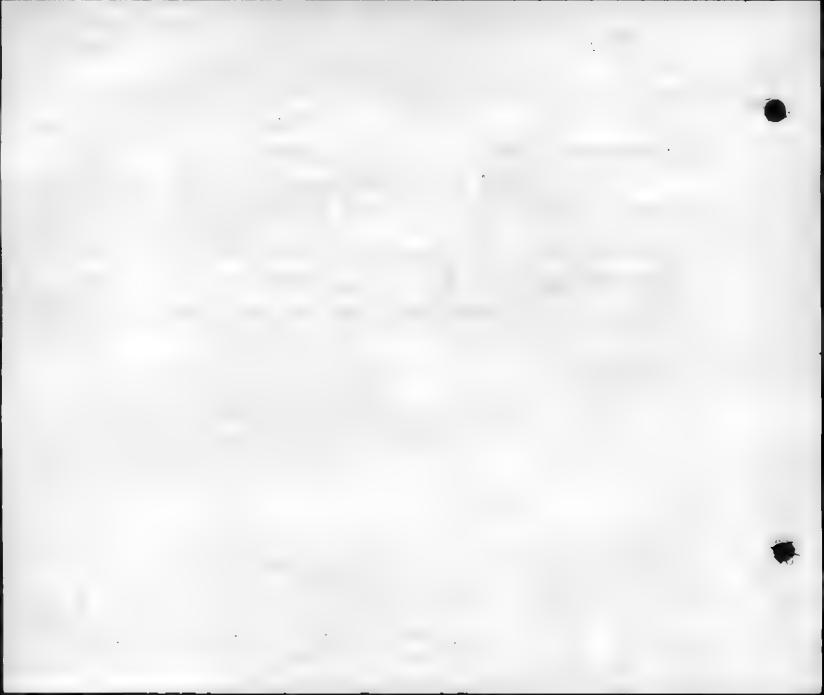


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MARYLAND STATE D	EPARTMENT C	OF HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04130 CERTIFICATE OF DEATH 04127

1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
-	ANNA RUNDUE MARYLAND 6 CITY OR TOWN If outside comporate limits. c LENGTH OF STAY IN 16	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
	with RURAL and give peared found; AND POLICE MAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	X SHADY SIDE
	ANNARINDIE HOSPT	NONE ON A FARM?
Ì	3. NAME OF First Middle	Last 4. DATE Month Dey Year
1	(Type or pr nt) ANNE STELLA PRO	CHAZKA DEATH BPRIL 7 1962.
۱		6. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
/	FEMALE WHITE WIDOWED DIVORCED	7-5-1892 70 15
	10s. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ŀ	House work at home	14. MODER'S MAIDEN NAME
	Took Palerail	Tunkana
1	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	
	NO - 579-30-8005	Mis ann M Simmons
1	18. CAUSE OF DEATH (Enter only one cause per ine for (e), (b), end (c)] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIATE CAUSE (0) _ comentage in	meho inturrenta they?
-	DUE TO	4
	Conditions, if any, which by geverise to immediate cause	
	(a), staling the underlying DUE TO	
	cause last. (c)	
	PART I. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDIT ON G. VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	3 1) Subanti buckered endrewdiles i multiple and	and the same of th
	3) Subacuit buckered endrewelches & multiple end 200. ACCIDENT WAS UNDERLYING 1 200. DESCRIBE HOW INJURY OCCUPEN OF CONTRIBUTING 1 CAUSE OF DEATH []	D, (Enter neture of in ury in Pezi I or Pert It of item 18)
	1 20c. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, ferm, 20% (City or town) (County) (State)
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PL. While Not While at work et work et work	tary, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from.	
	saw the deceased alive on 11 1962, and tha	t death occured all. M. from the causes and on the date stated above.
	220. SIGNATURE	ATTENDING MED. STAFF SIGNED
Ì	22c PHYSICIAN'S	AD PHYS. DIRECTOR PHYS. 47602.
ı	NAME (Type) G. FRARD CHUREII.	141 Cathedral Se Amofolis hel
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Slete)
	Burial 7-10-62 Cedar	Hill Emeley Sutland Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS CAR	258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	W.W. Chambere C 3/1-1123/3E	DC. TDATE APR 12 '02 Chilling & Throne



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased I vad, If institution: Residence before admission) a. COUNTY e. STATE **b.** COUNTY Anne Arundel MARYLAND Anne Arundel b. CITY OR TOWN lif outs de corporete limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL and give neerest town? after Brocklyn Park 10 yrs. Breeklyn Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. 15 RESIDENCE ON A FARM? YES NO Fifth Ave. 201章 Fifth Ave. 3. NAME OF 4. DATE DECEASED OF ALDORA LOUISE DEATH (Type or print) PUMPHRRY April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SFX 8. DATE OF BIRTH last birthdey) and Months WIDOWED Y DIVORCED Femala Ma -- 24 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) physicia U.S. Housewife Baltimore. 13. FATHER'S NAME s attending ph Then please roval, and in a 14. MOTHER'S MAIDEN NAME James Clayter Margaret A. Spreel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT [Yas, no, or unkown] | [[fyasgivewarordetesofservice] lovaľ, Flizabeth Mrs. the 18. CRUSE OF DEATH [Enter only one cause per une for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve risa to immadiata cause DUE TO (a), stelling the underlying causa last. te the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Itam 18.) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) Month, Day, Yeer factory, street, office bldg., etc.) _Not While While Hour a.m. at work | et work | lo.... 19 6 and that death occurred 10 M. from the causes and on the date stated above saw the deceased alive on... 225. DATE SIGNED ATTENDING MED STAFF DIRECTOR PHYS. PHYS. 1962 death. Page 4 director, page to be filed with the 22d ADDRESS PHYSICIAN'S Krieger Mertan M. 5010-A Gov. Ritchie Hwy. Balto. 25.Md/ 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b DATE THEREOF 1 23c, NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Glen Haven Mem. Pk. Glen Burnie, Md April 24 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SUNIFRAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 4001 Ritchie Hwy. 15M 9/60 curlow & Thomas George J . Gence



ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) e. COUNTY b. CQUNTY Anne Arundel Anne Amindel MARYLAND b. CITY OR TOWN (if outside corporate limits. c CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Annapolis Millersville Pages ₹ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES X NO 4. DATE Year DECEASED (Type or print) DEATH Nathaniel 62 Pumphrev 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER) YEAR | IF UNDER 24 HRS B. DATE OF BIRTH last birthday] Months Days Male WIDOWED DIVORCED yrs. physician HOW USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Retired U.S. A. Marvland 13. FATHER 5 NAME (ret. attending ph Then please 14. MOTHER'S MAIDEN NAME 2 Mevers Benjamin Pumphrev 16. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. 17, INFORMANT Addrass (Yes, no, or unkown), (Ifyes give war or dates of service) Natalie Thummel Mrs. the Hospital records Millersvi 18. CAUSE OF DEATH lenter only one causeper line for (a), (b), and (c). ONSEL AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause **DUE TO** (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 35 PERFORMED? NO 130 200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part I or Part II of Item 18.) detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or fown) (County) factory, street, office bidg., etc.) While _Not While MEDI at work et work CTOR 21. I certify that (I) (this hospital) attended the deceased from 3.2 9. ... LIP., to 24. ... 2, 196. That (I) (we) last saw the deceased alive on 19., and that death occured at 55.50 from the causes and on the date stated above. 22b. DATE ATTENDING SIGNED STAFF director, page 3 PHYS. PHISICIAN S 22d. ADDRESS NAME (Type) Frank Shipley Cathedral St., Annapolis, Md. 238 BURIAL, CREMATION, 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) April '62 Glen Haven Mem. Park Glen Burnie. Burial 25a, REC'D BY REGISTRAR , 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 7/61 Singleton. Thomas W. Glen Burnie. Md. DATE - arthur & Kraus



STREET, BALTIMORE 1, MARYLAND OF STATISTICAL R OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY a. STATE Maryland b. COUNTY Anne Arundel Anne Amundel MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) hours after Annapolis Annapolis Pages filled , d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS Anne Amundel General Hospital Bay Ridge Road completely 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH OUADE Vernon Apri] 6. COLOR OR RACE 7. MARRIED IX NEVER MARRIED 5. SEX AGE (In years HF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthday) Months WIDOWED White DIVORCED yrs. physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY **BUSINESS OR INDUSTRY** 11. BIRTHPLACE (County & State, or foreign country) done-during most of weeling life, even if retired) 13. FATHER NAME please attending ARMED FORCEST (Yes, no, or unknown) | (If yes give wer or dates of service) 휷 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO gave rise to immediate cause DUE TO (e), sleting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT S 200 ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) Month, Dev. Year factory, street, office bidg., etc.) While Not While Hour a.m. st work at work n m DIRECTOR attended the deceased from Feb. 13, 19.62 to Apr. certify that (I) (DESENDEDED)1962 and that death occured at from the causes and on the date stated above; Beceased saw the. ATTENDING PHYS. DIRECTOR PHYS. death. Page 4 O FUNERAL 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) James R. Martin. 6 Shaw St., Annapolis, Md. director, be filled NAME OF CEMETERY OR CREMATORY 23c. BURIAL, CREMATION

VR A15 (4) 15M 7/61

REC'D BY REGISTRAR 3 '62

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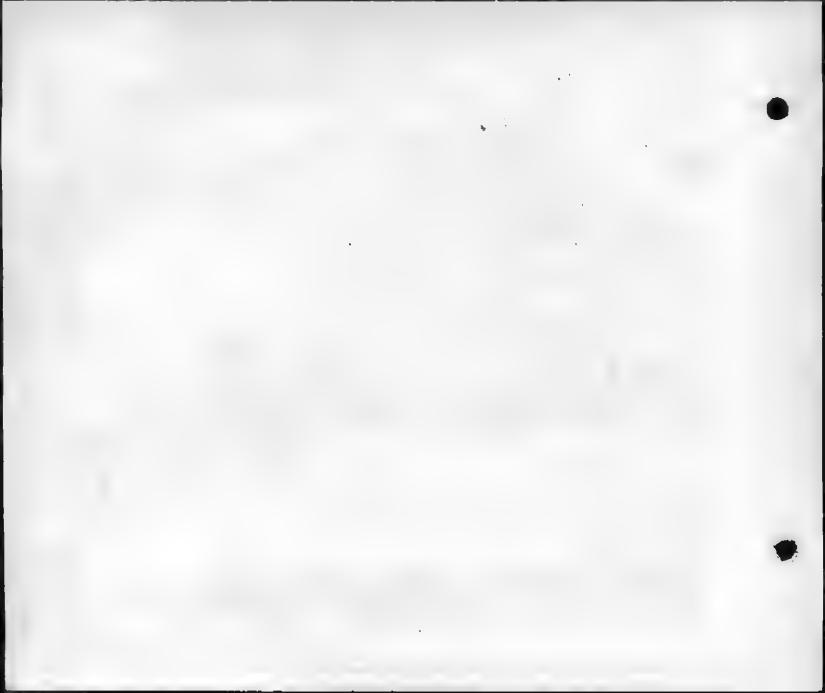
DATE

SIGNED



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04131 04134 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. cremotion PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY A.A.Co MA MARYLAND CITY OR TOWN IIf outside corporate fimits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) AUNBAULIS -Arwold. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) rector d. STREET ADDRESS . IS RESIDENCE egistrar prior ON A FARM? HUNRPOLIS - MARYLOND YES INO P 3. NAME OF 4. DATE Month Day Year DECEASED OF DEATH 4 (Type or print) William 2 1062 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. lost burthdays Months Doys WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Truck Driver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Pages 16. SOCIAL SECURITY NO. 17. INFORMANT Give Louise M. 217-30-5329 467 Kingwood 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Luddin perces. IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? NO. 200. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20d, INJURY OCCURRED 12Ce. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While 40 196 2 of work of work 21. I certify that I took charge of the remains described above, held on Autapsy , Inspection Inquiry , and find that Accident 7, Suicide 7, Homicide 7, Undetermined couse death resulted from Natural couses DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER forwarded to FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 4.2.62 DEPUTY MEDICAL EXAMINERS NAME (Type) 220, BURIAL CREMATION, 22b. DATE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE D BY 24b, REGISTRAR SAIGNATURE VS. A15ME(S) SM 9/SS

O DEPUTY





George/J. Gence



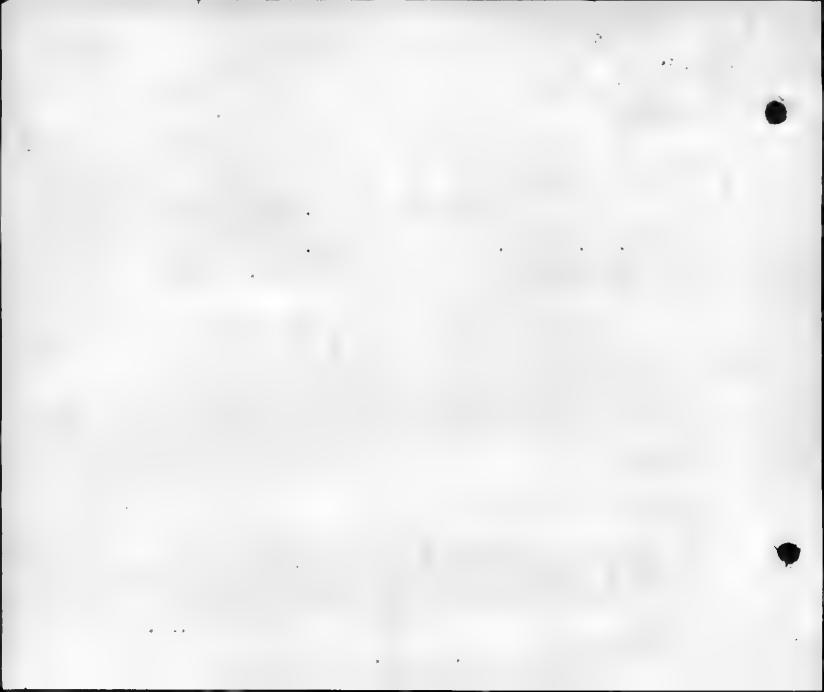
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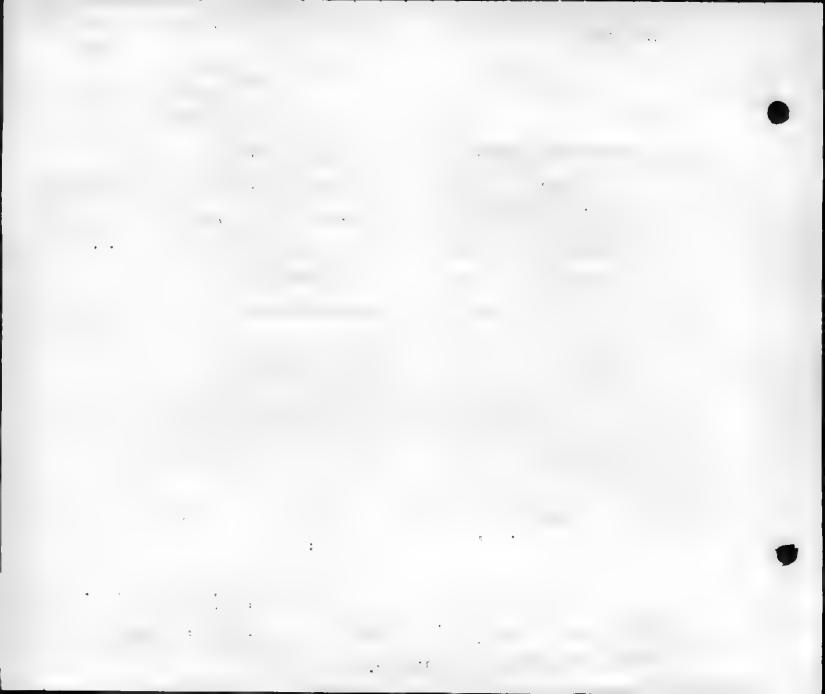
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W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECO CERTIFICATE OF DEATH
Item 9 Film 3311 1/16/62 mh funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions a. COUNTY b. COUNTY the 1 MARYLAND death. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) and b. CITY OR TOWN (if outside corporate lim'ts, c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) Brooklyn Pk. Brooklyn, Md after Pages within d. STREET ADDRESS a. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address ON A FARM? hours 315 15th Ave YES NO TH completely papers. NAME OF Last DATE Month Day Year Middle 72 DECEASED OF DIMITOR ROGERS DEATH 13 19 62 (Type or print) carbon 6. COLOR OR RACE 7. MARRIED IN NEVER MARRIED AGE (In years If UNDER I YEAR) 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) and Days WIDOWED [DIVORCED event, physician 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? гетоув 10b. KIND OF BUSINESS OR INDUSTRY 11. BRTHPLACE (County & State, or fore on country) done during most of working life, even if retired) Sta. Eng. Olin Mat. Co 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ding Eli Rogers Kath. Lowry ä aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, or unkown) (livesgive war or delas diservice) Fami.l.v Same the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per l'ne for (a), (b), and (c).] physician. ONSET AND DEATH signed by DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the burial-fransit burial, cremation DUE TO affending Conditions, if any, which certificate has been ruse as the burial-tr. (b) gave rise to immediate ceuse **DUE TO** (e), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? hospital NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH ihis (IF EITHER, NOTIFY MEDICAL EXAMINER) ined by 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc. While Not While Hour a.m. at work at work p.m. DIRECTOR: should saw the deceased DATE 22a. SIGNATUR ATTENDING DIRECTOR PHY5. PHYS. O HOSPITAL death. Page 4 O FUNERAL director, page be filed with the ADDRESS 22c. PHYS CIAN 22d. 23a. BURIAL, CREMATION, 23b. DATE THEREOF CREMATORY REMOVAL (Specify) OL Balto. Burial Cedar Hill 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) McCully Funeral Homes 130 E. Fort Ave. 15M 9/1

certificate be

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) e. COUNTY b. COUNTY e. STATE Anne A undel Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Annapolis Annapolis Pages Pelli: d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Anne Aundel General Hospital Calvert completely NAME OF Fust Middle last DATE DECEASED OF (Type or print) DEATH ZORA SISCOE April 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) B. DATE OF BIRTH and last birthday] Months Female Negro WIDOWED KX DIVORCED April 3, 1900 Y13. 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Gov. Manzion Annapolis please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Rachel W. Wooten George Snowden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. ENFORMANT Address evo (Yes, no, of unkown) (if yes give we ror deterof service) Wallace -59 Calvert St. Anna. Md. Patricia B. No IB. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions if ony, which gove rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPSY CERTIFICATION 20s. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II or Port II or III III OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, ferm, Month, Dey, Year 20d, INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour em While Not While at work et work 21. I certify that (I) ONEXDED DID attended the deceased from. DIREC ...19.04., and that death occurred from the causes and on the date stated above saw the deceased alive on. 22e. SIGNATO ATTENDING DIRECTOR PHYS. PHYS. FUNERAL 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Calvert St., Annapolis, Md. Johnson, M 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 Burial Annapolis. Md. Brewer Hill

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25a REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

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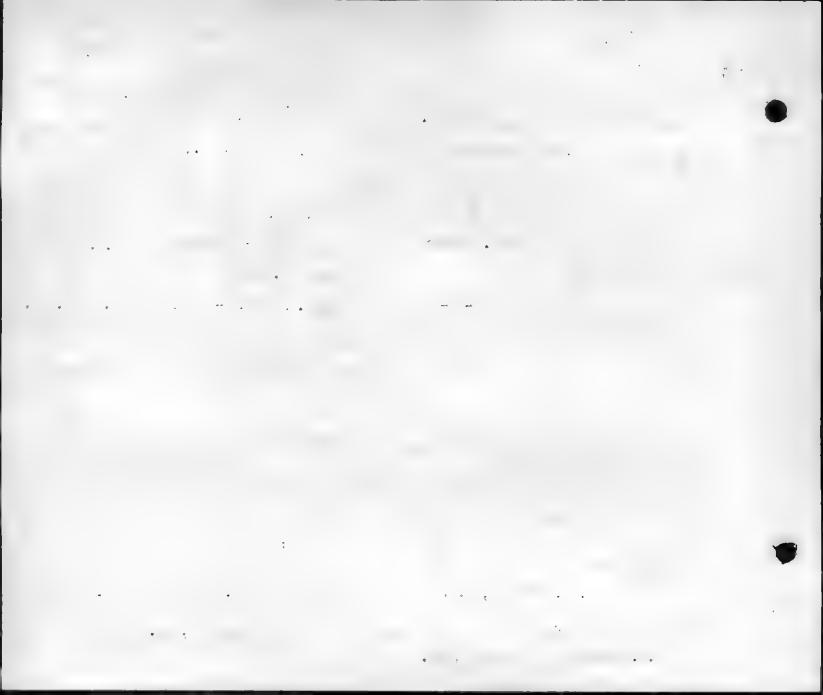
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24 FUNERAL DIRECTOR'S SIGNATURE

C.E.Hicks 111



MARYLAND STATE DEPARTMENT OF HEALTH F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased hved, if Institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY AINE ARLLDEL larvland Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Odenton Annapolis hours aiter d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6 Box-26 Anne Arundel General Hospital n 72 ha 4. DATE 3. NAME OF Last Month DECEASED OF DEATH (EVANS) (Type or print) Alice SMITH April Ann Maa ⊆ AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Feb. -28. Female White WIDOWED [DIVORCED TO event, 12. CITIZEN OF WHAT COUNTRY! 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Marion, S.E. Own Home House wife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alice Marie Smith Clam Evans 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown), (Ifyes give war or dates of service) Mrs Shirley Ann Stanley-Daughter- same as # 190 none 18. CAUSE OF DEATH linter only one cause per line for (a), (b), endo(c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO certificate has by the bur prior to buriel, (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 11 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work at work 15 to Apr. 12 ... 1962, that (1) 000 last 21. I certify that (I) (this hespital) attended the deceased from.... MED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 31 Southgate Ave., Annapolis, Md. Maurice Klawans director, be filed v 23c. NAME OF CEMETERY OR CREMATORY 1 23d, LOCATION (City, lown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) .1962 April 16 Oaklawn Cemeterv Charlotte. North Carolina
25% REC'D BY REGISTRAR 25%. REGISTRAR'S SIGNATURE Burial

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Annapolis, Maryland

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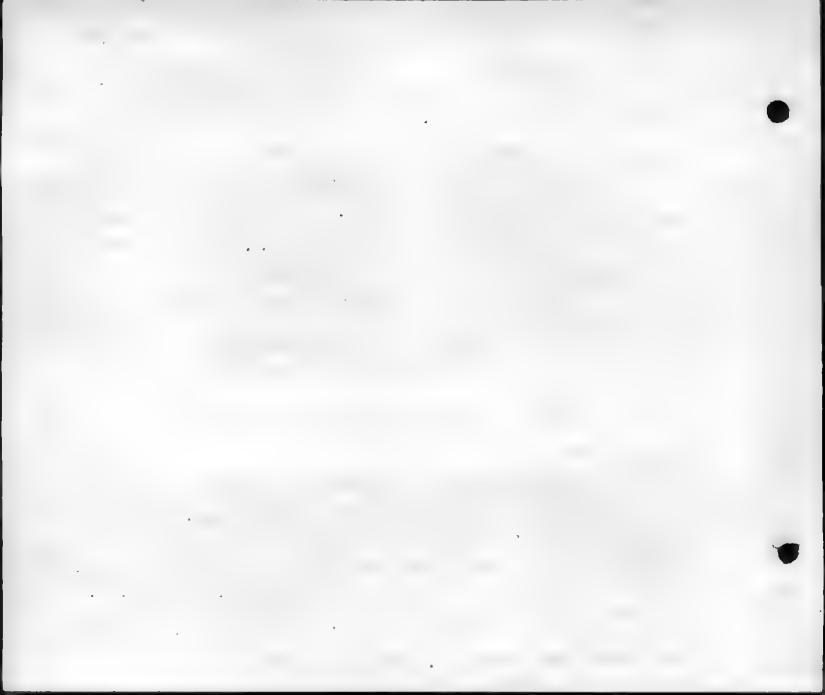
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STATISTICAL RESEARCH AND RE STREET, DALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY Anne Arundel Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 15 write RURAL end give nearest fown) Annapolis 1 day RURAL - Severna Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Anne Arundel General Hospital Rt-1, Box-4333. NAME OF 4. DATE Middle Month OF (Type or print) DEATH SMITH 1962 Charles 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Male WIDOWED IX DIVORCED 10a. USJAL OCCUPATION [Giva kind of work & Stete, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Naval Station U.S. Guard Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Smith Eva (unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgivewarordatesofservice) Mrs. Isable Kursch ^Glen Burnie, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 Tinoli IMMEDIATE CAUSE (a) DUE TO peve rise to immediate cause (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO . 502 Makey 20b. DESCRIBE HOW MURY OSCURED. (Enter neture of Injury in Peri I or Peri II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL (State) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20c TIME OF INJURY Month, Day, Yeer 20f. (City or lown) (County) factory, street, office bldg., alc.) Not While While et work et work 21. I certify that (I) (1012/003000) attended the deceased from (1, p.r. 1.1. 3.9.... 196. to.... Apr. ... 30 ..., 1962, that (I) (1006) last saw the deceased alive onApr. ... 30.1962..., and that death occured from the causes and on the date stated above, 22b. DATE 22a SIGNATUR SIGNED ATTENDING PHYS. DIRECTOR PHYS. 72d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 121 Cathedral St., Annapolis, Md. Merton T. Waite. M.D. 234. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Baltimore Nat'l. Cem. Baltimore, Mary and May 1962 25. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 SUNERAL DIRECTOR'S SIGNATURE ADDRESS Glen Burnie, Md. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) ANNE ARUNDEL 。

MARYLAND MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town! after ANNAPOL IS ANNAPOL IS Pages 1 illed I d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? USNH ANNAPOLIS. MARYLAND 200 SEVERN AVENUE YES NO X 3. NAME OF DATE Middle 4. DECEASED OF (Type or print) DEATH SAMUEL WILLIAM SMITH APRIL 17 1962 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF JNDER 1 YEAR IF JNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years last buthday) MALE CAUC WIDOWED X DIVORCED T 96 physician remove 10s. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 112 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. MARINE CORPS MARYLAND UNITED STATES MSGT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending GEORGE A. SMITH MARY EVA WILL 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address requires that the (Yes, no. or sinkown) | (Hyesqive war or dates of service) physician. 1887-1918 MARY E. SPRINGFIELD 718 MONTEREY AVE. ANNA MO 18 CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Signed IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which has been 161 gave rise to immediate cause DUE TO (e), stating the underlying cause last. the After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION PERFORMED? NO T 206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or lown) (County) fectory, street, office bldg., etc.) While Not While at work at work DIRECTOR. certify that (I) (this hospital) attended the deceased from 3/9 plnods M, from the19...62, and that death occured at. saw the deceased causes and on the date stated above, 225 DATE 22a. SIGNATURE ATTENDING death, Page 4
O FUNERAL PHYS. DIRECTOR PHYS. paged 22d, ADDRESS 22c PHYSICIAN'S NAME (Type) director, be filed y E.C. KEENE -Annapolis, Maryland 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) 0 St Anne's Cemetery Annapolis, Maryland Buria 24 FUNERAL DIRECTION'S SIGNATURE 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A1S (4) APR 23 Annapolis. 15M 7/61



Division of STATISTICAL RESEARCH AND RECORDS, W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE TH DEPT. 7. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edinission) 1. PLACE OF DEATH a. COUNTY Baltimore ag Maryland Anne Arundel MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Landdowne Few hours For you Laurel Ġ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? refained the State B YES NO 3 Hazel First Aid Room, Laurel Ave. death. 4. DATE Month DECEASED Solloway the [Type or print] DEATH 19 Charles Davis Bollaway Sr. 6. COLOR OR RACE 7. MARRIED THEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. W.H 5. SEX 8. DATE OF BIRTH 2 will last birthday) Months | Days and WIDOWED DIVORCED sl, 2, a age 5 1 and 7 72 ho 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Watchman for Monumental Life Insurance Co. IIS A VE Pages PM3, Pag Chester: pages 1 13. FATHER'S NAME John E. Solloway Mary Stewart it. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyesgivewarordetesofservice) with 1p26-29 705-09-6540 | Charles Lavis olloway Jr. (son) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ENTERVAL BETWEEN Office along v burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden IMMEDIATE CAUSE (e) Coronary Occlusion 420. **DUE TO** removal, Conditions, it any, which (b) gave rise to immediate cause (0) DUE TO (a), stelling the underlying as Examiner ō used remation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa) 19. WAS AUTOPSY Medical Ex PERFORMED? ord NO FX 70 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. te, writing the Chief A R: Page 3 stior to buria 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) [County] (State) factory, street, office bldg., etc.) While Not While MEDI at work at work the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry Y and in my opinion 0 0 CAL ylease execute the certific t should be forwarded to FUNERAL DIRECTC its designated agent, p Homicide Undetermined manner death resulted from: Accident Suicide Natural causes | V CHIEF MEDICAL EXAMINER 4/17/62 DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) Glen urnie Mo. 220. BLEIAL CHMATION TEST HAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Spacify) 71.122 940 p Ö FUNDRAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. ATSME morning 2. Thomas

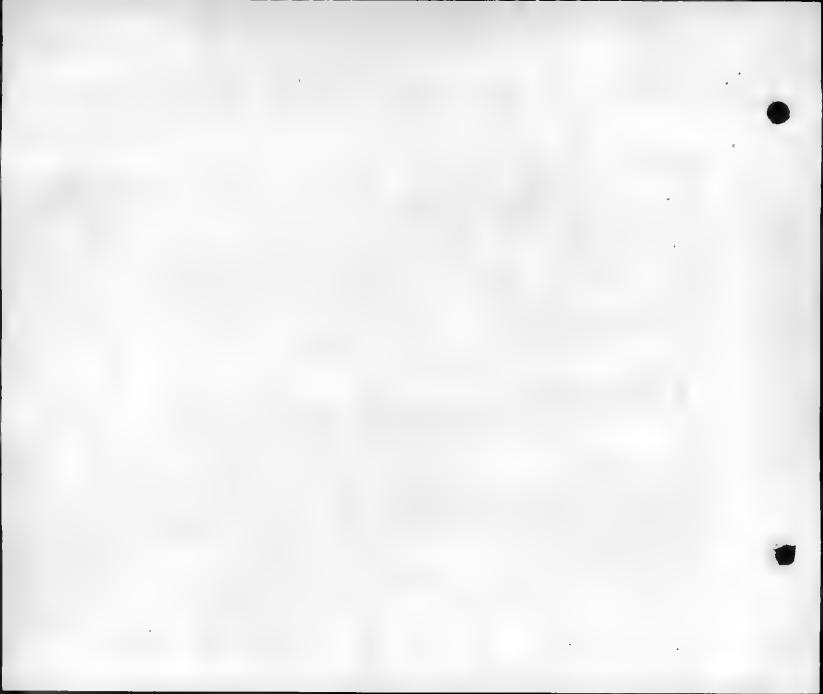
MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 04145 Reg. Dist. No. 04141 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived (funstitution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give nearest town) day 1000 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (IF YES NO TY NAME OF Middle 4. DATE DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 9. AGE fin years MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours DIVORCED | camplet WIDOWED [10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. dyring most of working lifer even if retired) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? auseude Quy Hours and carban 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician W. Klauder Jane Cascaden remave INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 4523 BUTLER ST. COL. THOMAS 711 attending INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost WAS AUTOPSY PERFORMED? YES NO NO 200 ACC DENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work , 196 4that I last saw the deceased 21. I certify that I attended the deceased from.__ and that death accurred at 3 P.M. from the causes and an the date stated above. TO FUNERAL DIRECTOR: ACTUAL SIGNATURE P PHYSICIAN'S NAME (Type) BURIAL CREMATION 22d LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (Stote) / page FUNERAL DIRECTOR'S SIGN 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A1S (4) 1SM 9/SB

EALTH—BALTIMORE, 18

and well !



TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4-72, be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the teneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal—and in any event, within 72 hours after depth.

VR A15 ,4 1SM 7 61 MARYLAND STATE DEPARTMENT OF HEALTH

ONLY OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY	. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
	Anne Arundel MARYLAND	Maryland Anne Arundel
4	b. CITY OR TOWN (if outside corporate lim is, c. LENGTH OF STAY IN 1b write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)
	Annapolis	O Annapolis
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. 15 RESIDENCE
	Anne Aruddel General Hospital	111 Academy Street
	3. NAME OF First Middle	Lasi 4. DATE Month Day Year
	(Type or print)	phle DEATH April 28 19 62
		tehle April 28 19 62 ATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
		d Ill (CC lest birthday) Months Days Hours Min.
	Male White WIDOWED DIYORCED 100. JSUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY	11. B RTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	D 1 - D 1 71 C 1
	Self-employed Stehle Equipment Co	MOTHER'S MAIDEN NAME
	Maria and the	A MOTHER'S MAIDEN NAME
	Trederick N. Silhle	ORMANY Address
	(Yes, no, prunkown) (If yes give war or dates of service)	
	1 1/C/4 NAME OF DOTAL OF THE	pital Records
	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) Uluphuaf l	moolination I days
	4221 DUE TO A	
	Conditions, if any, which \ (b) Urlery oclero	tie cardio vascular several yes
	geve rise to immediate causa (e), stating the underlying DUE TO Curi	An.
	cause last, (c)	
)	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED?
	CATI	YES NO I
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURED. (E OR CONTRIBUTING CAUSE OF DEATH 50 (IF ETHER. NOTIFY MEDICAL EXAMINER)	nter neture of injury in Pert I or Part II of item 18.)
	6.4	OF INJURY (Hame, ferm, 20f. (City or town) (County) (State)
	Hour e.m. While Not While fectory	, and an
	21. I certify that (i) (this hospital) attended the deceased from	4-2/ 1962 to 4-28, 1962 that (I) (we) last
	saw the degased alive on	eath occured at
	220 SIGNATURE	22b. DATE
	1 Sasber C. Valmer h. M.O.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Dr. Barber C. Palmer	77 Franklin St. Annapolis, Maryland
	238. BURIAL, CREMATION, 236 DATE THEREOF 23C, NAME OF CEMETERY OR	CREMATORY 23d. LOSATION (City, town or county) [Slete]
	Buriel Chi 30-62 St Mary	Cent Cimppoles Ma
	24 JUNERAL DIRECTOR'S SIGNATURE ADDRESS . ADDRESS .	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
)	your M. Joyur mo comapulos	DATE MAY 2 '62 Civing S. Thomas



TO HOSPITAL OR MINING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 2 haurs ofter death.

04148

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04144

	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where declared tived of institution: Residence before admission) o. STAY OUT COUNTY MARYLAND
1)	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
3	DR INSTITUTION e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) Allamiel Middle Allamiel Allam
	S. EX. OF TOR OF FRCE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS IS Days Hours Min.
	106 USUA/OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY TTAIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	Dully Stevenson 14. MOTHER'S WAIDEN NAME
	15 WAS DECEASED EVER 18 O. S. ARRIED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Address of Service) (If fee, give wer or dotes of service)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony which gove rise to immediate couse (a), stoling the under- lying couse lost. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH If FITHER, NOTIFY MEDICAL EXAMINER!
	20c. TIME OF INJURY Month, Day, Year North, Day, Year Place OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year North Day, Year Place OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work Day of work Day North Day (County)
	21 1 certify that (1) (this haspital) attended the deceased fram 19 6 to 7 19 that (1) (we) last saw the deceased alive an 1 10 , and that death accurred of M, fram the causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 22c. PHYS CIAN'S NAME (Type) A T A LLEY 22d. ADDRESS CALLERY
	23a. SURIAL, CREMATION, 23b. DATE THEREOF, 23a NAME OF CEMETER OR CREMATORY OCCUPIED OF COUNTY) MISSINGUE 4-11-1962 MASICAL BUILDING OCCUPIED OF COUNTY) MISSINGUE AND COUNTY OCCUPIED OF COUNTY)
,	PATRICIA DIRECTOR'S SIGNATURE REDISTRAN'S SIGNATURE ADDRESS ADDRESS DATE APR 9 62 256 REGISTRAN'S SIGNATURE DATE APR 9 62

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH SION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if nstitution: Residence before admission) e. COUNTY **b.** COUNTY Anne Amundel Marvland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis Annapolis Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva streat eddrass) d. STREET ADDRESS a. IS RESIDENCE ON A FARMI 89 Shipwright Anne Arundel General Hospital NO K 3. NAME OF 4. DATE Middle Month SERVICE CO. OF STRANGE (Type or print) Harwood 19 62 DEATH April 5. SEX 6. COLOR OR RACE 7. MARRIED IN NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. and last birthday) Months Days Hours DIVORCED Male WIDOWED [7] July 11. physician remove 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE [County & State, or foreign country] 12. CITIZEN OF WHAT COUNTRY? during most of working-life, even if relired) U.S. Maryland please MOTHER'S MAIDEN NAME attending the 16. CAUSE OF DEATH Enter only one cause par INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immadieta cause **DUE TO** (e), stating the undaritying After this certificam PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CERTIFICATION 19. WAS AUTOPSY 0 PERFORMED? NO K 20a. ACC.DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) detached for OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) Month, Day, Year (County) (State) factory, streat, office bldg., etc.) Whila Not While MEDI Hour m.m. et work at work p.m. DINCTER 70, 1959 to April 3, 1962 that (I) (39) last 21. I pertify that (I) MASCHOSNITAN attended the deceased from A saw the deceased alive 1:20 AM SIGNATURE 22b. DATE ATTENDING MED. SIGNED page 3 with th PHYS. DIRECTOR PHYS. O PUMITING M.D. 22d. ADDRESS PHYSICIAN'S MAME (Typa) 6 Shaw St., Annapolis, Md. James R. Martin BURIAL, CREMATION, 1 235 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) REC'D BY REGISTRAR 25%. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S 25a. VR A15 [4] 1SM 7/61 DATE

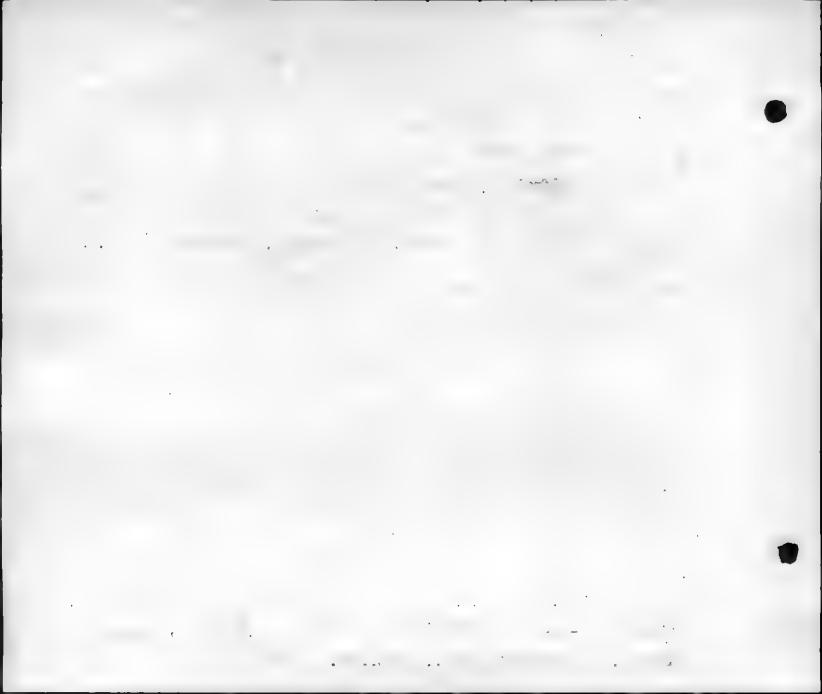


W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH Item 12 F11m 021 USUAL NESIDENCE (Where decessed I'ved, If institution, Residence before admission) I. PLACE OF DEATH a. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outs da corporata limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY N 1b write RURAL and give nearest town) North Linthicum North Linthicum Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE hours a ON A FARM? 43 Old Annapolis Blv&d. 13 Old Annapolis Blv'd. YES NO and completely i carbon papers. I at, within 72 hou 3. NAME OF 4. DATE M ddle DECEASED SANDUSKY (Type or print) DEATH MICHAEL SZANDROWSKI (19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years) IF UNDER 1 YEAR ! 5. SEX IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdey) Months WIDOWED AL DIVORCED T physician a 10a. USUAL OCCUPATION (G'va kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHP, ACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Europe Self Emp. Russia (Ukraine Barber 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please <u>, C</u> aftending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ! (If yas give we ror detes of service) No 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b) and (c),] INTERVAL BETWEEN signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-transit burial, cremation DUE TO Conditions, if any, which has been geve risa to immediate causa DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(#) 19. WAS AUTOPSY After this certificate CERTIFICATION 98 PERFORMED? NO [2Db. DESCRIBE HOW NURY OCCURED, lenter neture of 'njury in Ped I or Ped II of Item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer | 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. al work at work DIRECTOR: 21. I certify that (i) (this hospital) attended the deceased from 7 - 8 , 1966 to 4 7 , 1962 that (i) (we) last 7.196.2. and that death occurred at 20.M. from the causes and on the date stated above. 3 should 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. death. Page 4 IO FUNERAL director, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, lown or county) 23a. BURIAL, CREMATION, 236. VOATE THEREOF REMOVAL (Specify) Baltimore ន្ទ្រីន Holy Cross 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) McCully - I30 E. Fort Ave. 15M 9/6 DATE APR 1 3 '62 Chilling & ft

MARYLAND STATE DEPARTMENT OF HEALTH



- 1		arou el	TATISTIC	AL RESEA	ARCH AND REC	CATE	OF DE	ESTON STREI	ET, BALTIM	ORE 1, M	ARYLAND
Va V	1. PLACE OF	TO STATE OF		- Ite	ems 13 & 11	Film	6312-5	BENCE (Where d		Sauth dan Dan	U4 4
XI)	e. COUNTY	DEATH				2.	e, STATE	DENCE (Where d	b. COUN		boence Belore ads
7		rundel			MARYLI		Maryla			Arunde	
	b, CITY OR write Rt	IOWN (It ou RAL and giv	tside corporate lin e neerest town)	1115,	c. LENGTH OF STAY	IN 16	e, City OR TO	WN (If outside corp	ionata limits, writa	RUKAL end g	gaye neerest fown)
	Annapo	lis					Pasader				e, IS RESI
					pitel, give street address	\$)	d, STREET ADD	KE22			ON A F
-	Anne A		General		Middle	'\	RFD 9	BOX 62	Manih		Pay Year
	DECEASE (Type or pri	0			middle			OF			
-	5. SEX		Alfr		Jack		Thomas	DEATH	April AGE (In years		EAR IF UNDER 2
		0.	COLOR OR RAC		NEVER MARRIED		ATE OF BIRTH	,	last birthday)		ys Hours
-	Male	CC. IRATION	Colored (Give kind of wo	WIDOWE	DIVORCED ND OF BUSINESS OR II		16/86		76 Ya.	110 (1717)	EN OF WHAT CO
	done during m	ost of working	g lite, even il retir	ed)		- 1					
-	Musici 13. FATHER'S			_Se	elf Employe		MOTHER'S MA	rgh, Penr	isAtamit	it U.	S.A.
	io. PAINER 3					14.					
I)	15 WAS DECE	Unknow	wn Thom		SOCIAL SECURITY NO.	1 17 74494		nown	Address	-	
5/	(Yes, no, or un	own) (Ifyes	givewerordates of	service)	SOCIAL SECORITY NO.	. 17 AMPS	AWMINIAT		Address		
	Y65	P OF DEB	WW I	17	ne lor (e), (b), end (c),	7	Hospita	! Files			I INTERVAL BETW
			'AS CAUSED BY:		eselvo		- les	0 13	10.1	-	ONSET AND DE
	2.		NEDIATE CAUSE (e)	- and	~ (Vai	and a second			7	1000mily
	3							•		-# -	
	، نسر ا		DUE TO		Genera	10	1 6	ten	and a	مدارات	
		if any,	hich (6) !	Gener	yet	ia	itens	reli	alls.	
	gave rise t (a), stetin	immediete the under	hich (6 cause clying DUE TO		Genera	zer	ia	tens	rele	alls.	
	gave rise t (a), stefin- cause last,	immediate the under	hich cause dying DUE TO) 	Genera	zer	L a	rtens	relin	ells.	(e) 19. WAS AUT
U	gave rise t (a), stefin- cause last,	immediate the under	hich cause dying DUE TO) 	General TRIBUTING TO DEATH	zer	L a	rtens	relin	ells.	PERFORA
U	gave rise t (a), stefin- cause last,	the under	hich (because during during during de la control du	D D D D D D D D D D D D D D D D D D D	Bever TRIBUTING TO DEATH	BUT NOT RE	L A	ERMINAL DISEASE	CONDITION GIV	ells.	(e) 19. WAS AUL PERFORA YES NO
U	gove rise to the course least. PART 20e ACC OR CONTR	immediate the under the un	hich cause of pearty of the cause of death	DESCRIPTIONS CON	Genera	BUT NOT RE	L A	ERMINAL DISEASE	CONDITION GIV	ells.	PERFORA
	gove rise to (a), stefin couse lest. PART 20e ACC OR CONTR (IF EITHER,	DENT WAS BUTING ONE NOTIFY ME	hich cause DUE TO ICOME UNDERLYING CAUSE OF DEATH DICAL EXAMINER	O DESCO	GOVERN TRIBUTING TO DEATH	BUT NOT RE	LATED TO THE T	ERMINAL DISEASE	CONDITION GIV	ells.	YES NO
	gove rise to (a), stefin couse lest. PART 20e ACC OR CONTR (IF EITHER,	immediate the under the un	hich couse highing DUE TO LESS FICANT CONE UNDERLYING DUE TO LESS OF DEATH DICAL EXAMINER Month, Dey, Y	20b. DESC	Sover	BUT NOT RE	L A	ERMINAL DISEASE By in Pert 1 or Pert By ferm, 20f. (Cit	CONDITION GIV	EN IN PART II	YES NO
	gove rise to the course last. PART 20e ACC OR CONTR (IF EITHER, Hou	DENT WAS BUTING OF INJURY T. e.m., p.m.	hich couse highing DUE TO COME UNDERLYING COUNTY CONE UNDERLYING COUNTY COUNT	20b. DESC	Sover	BUT NOT RE CCURED. (En	LATED TO THE T	ERMINAL DISEASE By in Pert 1 or Pert B, form, 201. (Cit	CONDITION GIV	(County	YES NO
	PART OLVOITE 20e ACC OR CONTR (IF EITHER, Hou 21. 1 ce	DENT WAS BUTING OF INJURY 1. OTHER S C	which course course the course of the course	20b. DESC While et work	FRIBUTING TO DEATH CRIBE HOW INJURY OF NJURY OCCURRED Not While of work ded the deceased	BUT NOT RE CCURED. (En CO. PLACE C fectory,	LATED TO THE T	ERMINAL DISEASE By in Pert 1 or Pert B, form, 201. (Cri 11, alc.)	CONDITION GIV	(County	YES No
	gove rise to the course least. PART 20e ACC OR CONTR (IF EITHER, Hou 21. 1 ce saw the	DENT WAS BUTING [] OF INJURY F. e.m. p.m. rtify that deceased	hich couse highing DUE TO COME UNDERLYING COUNTY CONE UNDERLYING COUNTY COUNT	20b. DESC While et work	FRIBUTING TO DEATH CRIBE HOW INJURY OF NJURY OCCURRED 2 Not While of work	BUT NOT RE CCURED. (En CO. PLACE C fectory,	LATED TO THE T	ERMINAL DISEASE By in Pert 1 or Pert B, form, 201. (Cri 11, alc.)	CONDITION GIV	(County	YES No
	PART OLVOITE 20e ACC OR CONTR (IF EITHER, Hou 21. 1 ce	DENT WAS BUTING [] OF INJURY F. e.m. p.m. rtify that deceased	which course course the course of the course	20b. DESC While et work	FRIBUTING TO DEATH CRIBE HOW INJURY OF NJURY OCCURRED Not While of work ded the deceased	BUT NOT RE CCURED. (En Poe. PLACE C fectory, from	LATED TO THE T	ERMINAL DISEASE Try in Pert 1 or Pert a, ferm, 20f. (Crt a, ferm, 20f. (Crt a, ferm, 10, 10 aC. J.M., fror	CONDITION GIV	(County	YES No
	gove rise to the course last. PART 20e ACC OR CONTR (IF EITHER, 20c. TIME How 21. 1 ce saw the 22e. SIGN	DENT WAS BUTING [] OF INJURY Telfy that deceased	which course course the course of the course	20b. DESC While et work	FRIBUTING TO DEATH CRIBE HOW INJURY OF NJURY OCCURRED Not While of work ded the deceased	BUT NOT RE CCURED. (En CO. PLACE C fectory,	LATED TO THE T	ERMINAL DISEASE Try in Pert 1 or Pert B, ferm. 20f. (Cri 19, to al., bit.) MED. DIRECTOR [CONDITION GIV	(County	YES No
	ZOE ACC OR CONTR (IF EITHER, Hou 21. 1 ce saw the 22c. PHYS	DENT WAS BUTING 10 or s.m. p.m. rtify that deceased (ATURE (Type)	which course the cours	20b. DESC While et work	Sover TRIBUTING TO DEATH CRIBE HOW INJURY OF THE PROPERTY OF	BUT NOT RE CCURED. (En Poe. PLACE C fectory, from	LATED TO THE TO	ERMINAL DISEASE By in Pert I or Pert B, form, 201. (Cri J, alc.) MED. DIRECTOR [CONDITION GIV	(County)	YES No
	ZOLYDELES TIME 20e ACC OR CONTROL IF EITHER, 20c. TIME Hou 21. 1 ce saw the 22c. SIGN 22c. PHYS NAM	DENT WAS DEN	UNDERLYING CAUSE OF DEATH Month, Dey, Y (I) (this hosp alive on	20b. DES(20b. DES(While et work 1 len.	Saven TRIBUTING TO DEATH CRIBE HOW INJURY OF NJURY OCCURRED 2 Not While of work	BUT NOT RE CCURED. (En CO. PLACE C fectory, from	LATED TO THE TO	ERMINAL DISEASE By in Pert ! or Pert By ferm, 20f. {Crit J., alc.} MED. DIRECTOR Tedral-St.	CONDITION GIV	(County) and on the	YES No
	gove rise to the course last. PART 20e ACC OR CONTE (IF EITHER, House Last. Lee Saw the 22e. SIGN NAM) 23a. BURIAL, REMOYAL	DENT WAS BUTING TO SMOTHER S CONTINUENT ME OF INJURY F. E.M. P.M. CAN'S E (Type) A CREMATION, (Specify)	UNDERLYING COLOR OF DEATH DICAL EXAMINER Month, Dey, Y (I) (this hosp alive on	20b. DES(20b. DES(While et work	Sovery TRIBUTING TO DEATH CRIBE HOW INJURY OF COURRED 2 Not While of work 2 Bed the deceased 3 M. D. 23c. NAME OF CEM	BUT NOT RE CCURED. (En Co. PLACE C fectory, d that de	LATED TO THE TO	ERMINAL DISEASE By in Pert I or Pert A, form, 20f. (Cri 1, alc.) MED. DIRECTOR [123d. LOC	CONDITION GIV II of Item 18) y or town) The causes STAFF PHYS. ATION (City, Ion	(County)	YES No. No. No. No. No. No. No. No.
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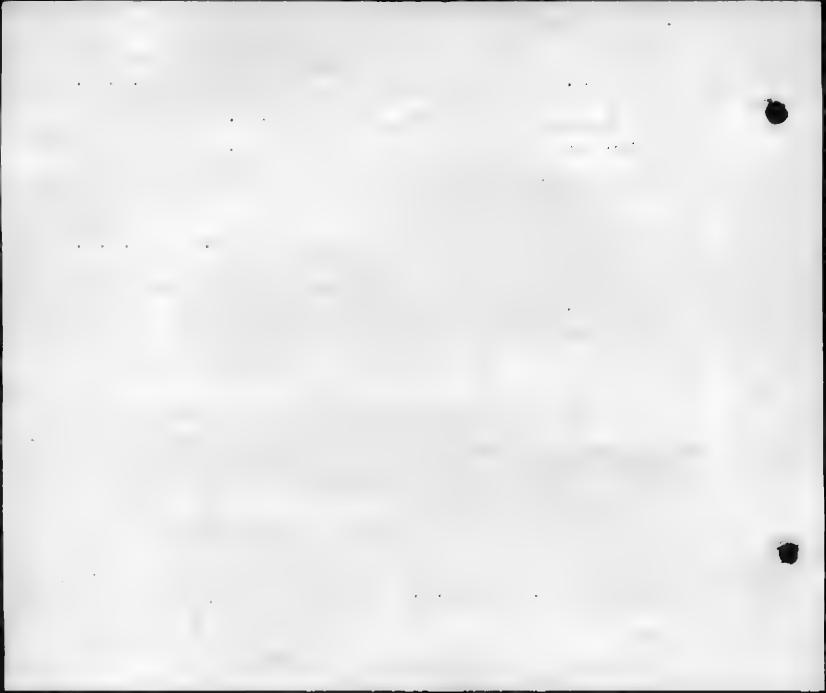


1	400	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2 2 2	- 1	04152 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 04148
4 should cremotic		1. PLACE OF DEATH O. COUNTY WARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY B. COUNTY O. COUNTY O. STATE D. COUNTY D. COUN
	(M	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
director les. prior to	63	d NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) A. A. GENERAL HOSPITAL ON A FARM? YES NOW
your fi		3. NAME OF DECEASED (Type or print) TRUMAN D. UFNOY DEATH 4 28 1962
to the fined for		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 5-13-1909 9. AGE In from Included Information Drays Mours Min. 9. AGE In from Included Information Drays Mours Min.
and 3 be rela		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) CHAUFFEUR State of Mo. West VA. 12. CITIZEN OF WHAT COUNTRY? U.S.A
S moy	(T)	13. FATHER'S NAME LOUIS W. VENOY NAME, NAM
ive Page I. Page File p		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The social property of dates of services to service to service to service to services to service
rm PM3		18. CAUSE OF DEATH [Enter only one cause per line for (a), (5), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) [INTERVAL BETWEEN DINSET AND DEATH ONSET AND DEATH
in Hen with fo transit		434.4 DUE TO Conditions, if any, which) (b)
n pencil along		gove rise to immediate couse (a), stating the underlying couse lost. (c) (c)
ding" i	Û	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES NO
d 'pen aminer' Jkl be u		200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTION CONTRIBUT
the war dical Ex		20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg, etc.) (Sto'e)
writing hief Me		21. I certify that I toak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined cause
to the DIRECTO		ACTUAL SIGNATURE DATE SIGNED DATE SIGNED
Pa de	lovol.	EXAMINER'S F-LINGHEONE DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
cute the forward	20	BURING TO BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (SIGN) BURING BL J-2-62, EUON CEMETERY BARKERSUILLE W.VA.
5. A15ME(5	5)	230 FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE LONG M Jay 100 Sons Churapolis, Md. DATE MAY 2 '62 Chilling of France



W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. COUNTY 6. COUNTY files. Bealth, Maryland Anne Arundel Co. Α. A. Co. MARYLAND b. CITY OR TOWN ('I outside corporete lim is, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 6 3 hours Brooklyn 25. Md. Laural TO d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RES.DENCE Boar ON A FARM? retained he State B Laural Race Track 207 Edgevale Rd. YES NO X 3. NAME OF First DATE Midd & Last Month Dev Year DECEASED OF (Type or print) DEATH 1962 April Vense] Jacob affer Pe may be 2 with 16. COLOR OR RACE 7. MARNED NEVER MARRIED AGE (In years (IF UNDER 1 YEAR) S. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey] s 1, 2, and 3 age 5 may 1 and 2 will 72 hours Months | Days Male White WIDOWED DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (State or foreign country) PM3. Page 1, 2, PM3. Page 1 and pages 1 and within 72 h done during most of working life, even if retired) Mount Braddock. Pa. U.S.A. Retired Plumber 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME I from 18. Give P g with form PM it permit. File per Stave Vensel Anna Lopel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17 INFORMANT Address (Yes, no, or unkown) (Ifyesgive werordates of service) has settylionnelly-18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). Office along w INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate cause 60 DUE TO word "pending dical Examiner's pending (a), stelling the underlying as or r cause lest. used ion, o PART H. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART ILE) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 NO X 70 20s. EXTERNAL CAUSE WAS PRIMARY PH or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) should ial, cre s the certificate, writing the orwarded to the Chief N. DIRECTOR: Page 3 street and more to burial ted moments. Erior to burial WEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (C'ty or town) (County) (Stete) factory, street, office bldg., etc.) While Not While et work et work Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion please execute the certificate should be forwarded to be FunERAL DIRECTO its designated ≡g≡nt, ≡ Natural causes X Suicide Undetermined manner Accident Homicide death resulted from: CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE April 5, DEPUTY DEPUTY MEDICAL EXAMINER TX Gustave H. Faubert. M. D. NAME (Type) Address (Street, city, town or county) 226 DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 220. BURIAL. (Stete) REMOVAL 0 DIRECTOR 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL Chilber S. Thomas VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE Where deceased I ved, if in Jution, Res dence before edmiss on e. COUNTY MARYLAND TOWN (f pls.de corporate limits, C. LENGTH OF STAY IN 16 IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION diffrot in hospite, g v ON A FARM? YES NO 3. NAME OF DECEASED OF DEATH (Type or print) NEVER MARRIED 1 8. DATE OF BIRTH COLOR OR RACE ARE IN YOURS IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED st bighday) Months Mours Min. WIDOWED 12, CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR NDUSTRY most a working life, even if retired) done durid 13. FATHER'S NAME 14. MOTHER'S MAIDEM NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werordetesofservice) 1B. CAUSE OF DEATH [Enter only one cause part ne for (e), (b), and (f) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), stelling the underlying cause lest. PART II ATHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19 WAS AUTOPSY 206 DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I of Pert II of Item 18) 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY (County) Month, Day, Yeer While Not While et work at work 19 attended the depeased from, 19. ..., that (I) (we) last (this hospital) 79...... and that death occured from the causes and on the date stated above ATTENDING DIRECTOR PHYS. PHYS. M.D 22c. PHYSICIAN S NAME (Type) 230. BUR AL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Glen Burnie, Maryland 4-28-62 Glen Haven Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wm.Cook-Blight, Inc., 6009 Harford Road Zone 14 Ciritary & Trace

MARYLAND STATE DEPARTMENT OF HEALTH

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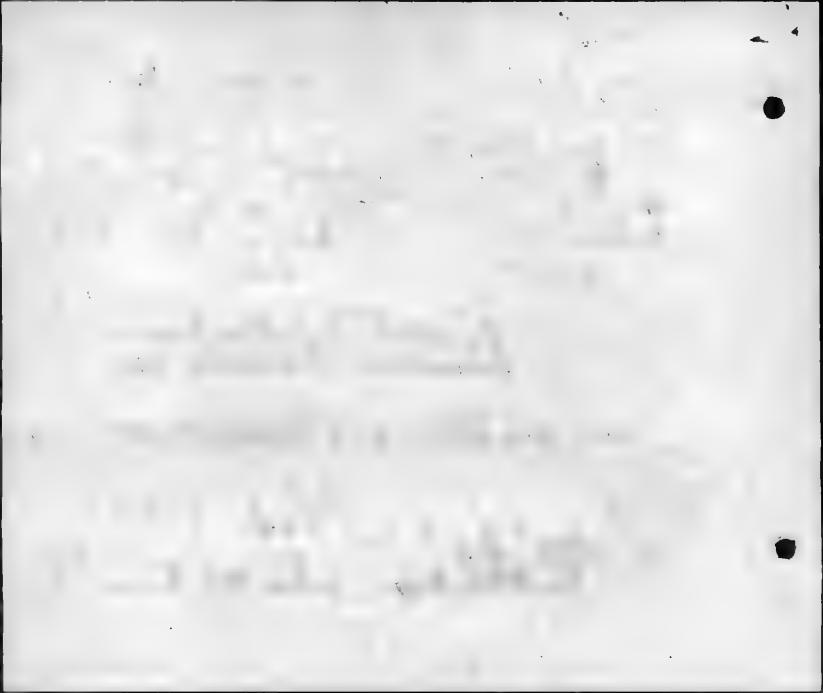
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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7		LACE OF DEATH	OUNTY				2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY							
		Anne Arundel MARYLAND				ANU	Maryland Anne Arundel							
	b	. CITY OR TOWN (II	outside corporate limit	ls, write	c. LENGTH OF STAY II	V 16	c. CITY OR TOWN (If or	utside corpore	ate limits, write R	URAL ond	give nea	rest town)	
			RAL and give nearest town)					p						
	- d	Friend	Ship. AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS e. IS RESIDENCE							
- 1		OR INSTITUTION	(,		of officer / topices					ON A	FARM?	
												1E3 [NO [1]	
-	3. N	NAME OF DECEASED	Fir		Middle		Last	4. DATE OF	Mon		Day		Yeor	
		Type or print)	AGNE	S	LEE		WARD	DEATH	Apri	1	27	7	62	
ı	5 S	EX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED		B DATE OF BIRTH	9	AGE (In years	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	
	1	Female	White	WIDOWE	_	- 1	June 2, 1878		last bighday)	Months	Doys	Hours	Min.	
									Jun.	lin cu	17551.05	AULATO	OUNTRY?	
	IVQ,		ing life, even if retired)			INDU	TRY 11. BIRTHPLACE (State of	or toreign cou	nutry)	12.01			OUNTREE	
		Housewi	fe	1	Domestic		Maryland				USA			
	13. I	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME						
4	ı	James T.	Dorsey				Margaret C	Chaney						
			IN U. S ARMED FOR		SOCIAL SECURITY NO.	17 IN	IFORMANT		Add	ress.				
	{Tes	no, or enknown]	If yes, give wor or dates of a	rrvrce) +		M	rs. Ethel Hu	dson	Friend	dshir	, Ma	aryl	and	
	$\overline{}$	IR CAUSE OF DEA	TH (Enter only one co	use perálu	ne for (o), (b) and (c).]		1)		1	1		RVAL BE		
			TH WAS CAUSED BY.			100	- 1/2	11 11	5/1	Ų –	ONS	ET AND	DEATH	
			IMMEDIATE CAUSE (o		acceso.	116	went -	ren	CAICA	rea	82			
		DUE TO												
		Conditions, if any, which												
		gave rise to in	nmediate (1										
		couse (a), stating the <u>under-</u> lying cause lost,												
	,) (c	1			NAT OF LOOK OF THE PROPERTY.		CONTRICTION OF	(P) 1 () 1 () A	ev 2/ 1/1/	0. 1474.5	ALITOBÉV	
	CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONIKIBUTING TO DEA	IH ROI	NOT RELATED TO THE TERMIN	NAL DIŞEAŞE	CONDITION GIV	ENINFA	KI I(O) 1:	PERFO	RMED?	
	3											YES 🗌	NO 🕰	
	1	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in P	art I or Port	II of item 18.)					
	CERTIF	(IF EITHER, NOTIFY	CAUSE OF DEATH											
		20c. TIME OF INJUR		20-1 11	NJURY OCCURRED	Mr. Pl	ACE OF INJURY (Home, form	20f. (City	as tawal		(County)		(Stote)	
	MEDICAL	Hour o. m.		Wh le	_ Not while	fg	tory, street, office bldg., etc.)	di lowin		(Coomy)		(orona)	
	ME	p. m.	19	at war		()		ا			1			
		21 certify tha	t (I) (this hospital	attend	ded the deceased f	TOM	Then 1 10	52-10 K	1127	19	2 41	at (I) t	we) lost	
		saw the deceas	111	26	/ 2 -	//	leath occurred of	M from		IL			,	
	- 1	22º SIGNATURE	ed dilve bling.	7	.196_ and	IBOL C	leain occurred or	TAIL ELOUIT	ille couses on	on III	e dule	3101eu	DATE	
		220 SIGINATOR	-1.11.		11		ATTENDING ME	D	STAFF		111	1 -	SIGNED	
			NU	ac	3/		M.D PHYS.	RECTOR .	PHYS		41	6//	DL	
		22c. PHYSICIAN'S NAME (Type)	1/11/	. 41			22d. ADDRESS		1/1	1	/			
			17 VY	VV	AKU		() m	ny	ny					
	230	BURIAL CREMATIO	N. 23b DATE THEREC)F	23c. NAME OF CEME	TERY O	R CREMATORY	23 LOCAT	ION (City, fown	ar county)		(Stot	e)	
		REMOVAL (Specify)					~			- ^	_	_	-1	
1	-	Burial	Apr. 29	, 62		Lp	V		ndship		ryla			
Y	24.	FAINERAY DIRECTOR	SIGNATURE	/	ADDRESS	-		BY REGISTI		STRAR'S S				
1	10	HILCHUM	unced H	0-24	Dwings, Mar	ry1	and DATE NA		-	Abadeal V	, y 0-5-mo			

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NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained. The haspital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and campletely filled in by the page 3 should be detoched for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR

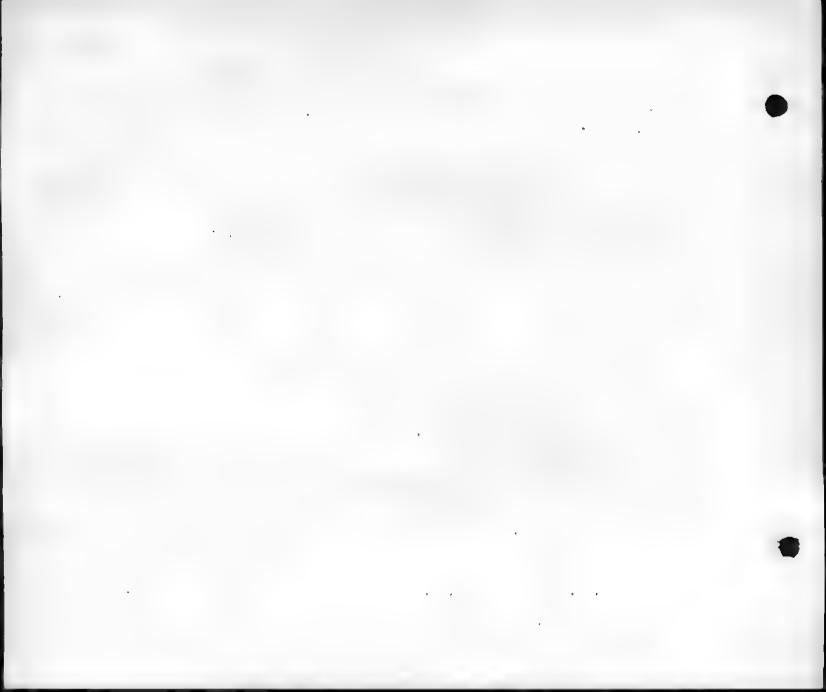
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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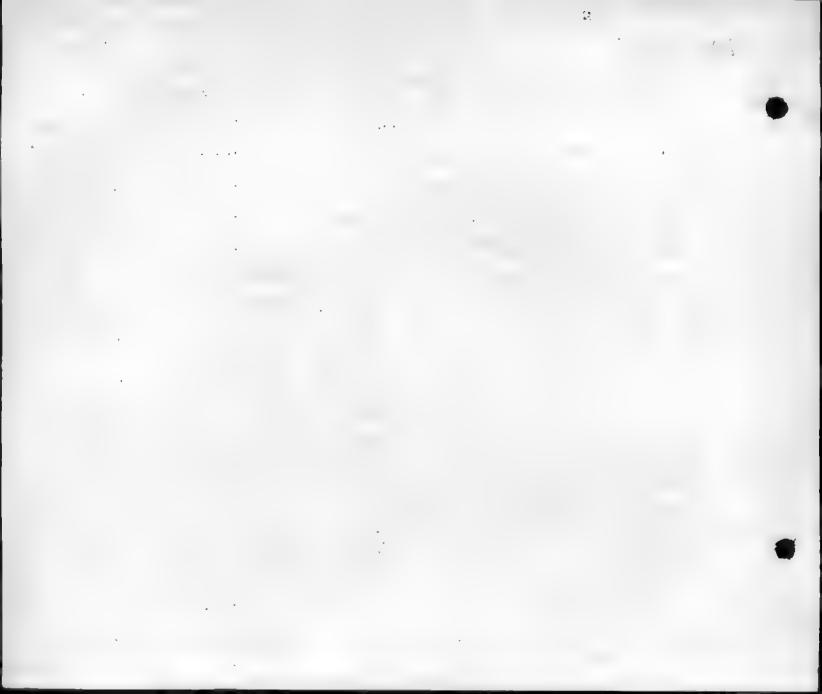
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/	1 P	PLACE OF DEATH O. STAPE
	Z	COPY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	2	of institution energy of the contract of the c
	- 1	NAME OF DECEASED Type or print) Lillian Middle Markell 4. DATE Month Day Year DECEASED Type or print) Lillian 1962
	5 S	Female CPL WIDOWED DIVORCED 12-31-1931 Josephith Days Hours Min.
	106.	USJAI OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY.) BIRTHPLACE (State or foreign country) 4 PUSEN (Light of Working) life feven if retyred)
1	13:	PATHER'S NAME TOUR Blust & uggie Tuled
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT, (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Coronar / Thrombosis
1		4°.),/ DUE TO
	-	Conditions, if ony, which) the due to Coronary Artery disease.
		gove rise to immediate
		lying couse lost.
	z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
	CATION	Chronic Bronchi l Asthma.
	TIFIC	
	CERTIF	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of wo
	~	21. 1 certify that (I) (this haspital) attended the deceased fram. May 19.57, to Apr. 17. 19.62, that (I) (we) last
		saw the deceased glive an Apr. 17. 19.62 and that death accurred at 4 PM, from the causes and an the date stated above
		220 SIGNATURE 22b DATE
		M D ATTENDING MED DIRECTOR D STAFF
		22c PHYS CIAN'S 22d. ADDRESS
		NAME (Type) R. L. Richardson, M. D. 110 Clay Street, Annapolis, Maryland
	230	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d (GCATION (City, town, or county)) (SUMP)
	25	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE APR 2 4 '62 256, REGISTRAR'S SIGNATURE DATE APR 2 4 '62



OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND funeral 1 14 1m 3311 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY m. STATE **b.** COUNTY \$ 7 4 MARYLAND pue b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Pages 1 affer Annapolis filled a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS hours ON A FARM? YES NO W completely papers. n 72 hou A.A. General Hospital 3. NAME OF Middle 4. DATE Month Day Year DECEASED OF (Type or print) WHEELGR DEATH CHARLES EDWIN 19 and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (tn yaars | IF UNDER 1 YEAR ! IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days WIDOWED DIVORCED IN remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MASTER MARINER Tuybost Master please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Iranna Dawson Samuel Edwin Owens Wheeler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgive war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY: PNEUMONIA DAY LOBAR MMEDIATE CAUSE (a) burial-transit **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO has (a), stating the underlying ihe certificate PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K his methodie Arterio seleviti cendro Var cula deplas? 20a. ACCIDENT WAS UNDERLYING THE 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert I of I'em 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20s. PLACE OF INJURY (Home, farm, 20t. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While While Hour am at work at work DIRECTO 21. I certify that (I) (this hospital) attended the deceased from..../ sew the deceased alive on....... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING O HOSPITAL death. Page 4 IO FUNERAL I director, page 3 be filed with the DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Ĥ 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE APR 1 3 '62

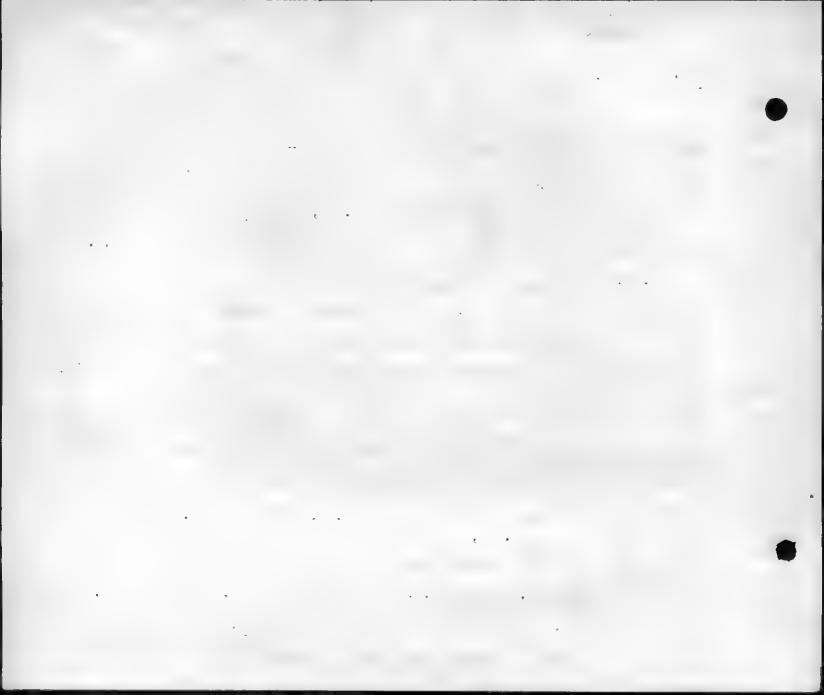
ARYLAND STATE DEPARTMENT OF HEALTH



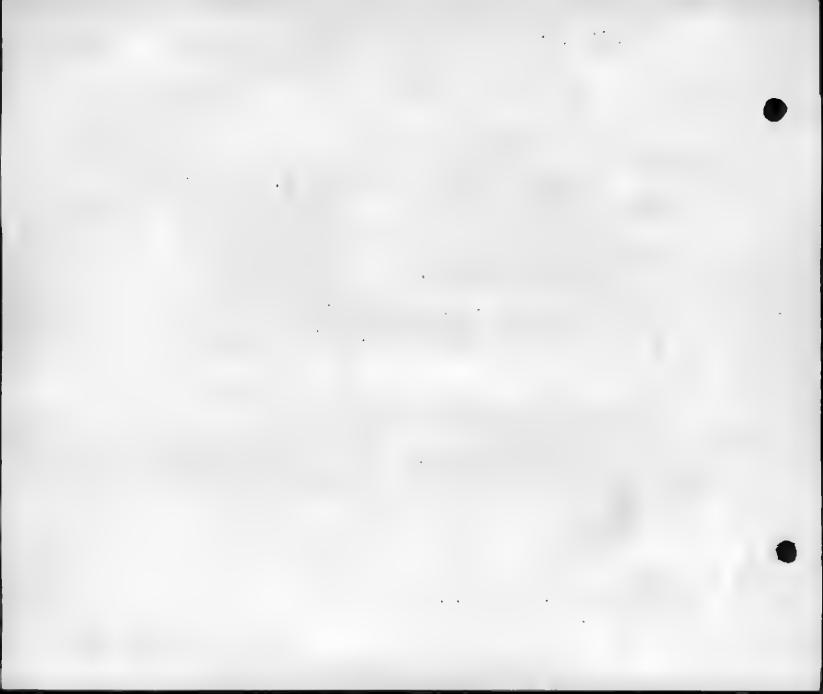
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) Galesville a. COUNTY Maryland **b.** COUNTY Anne Arundel files. Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside copporate I m ts, write RURAL and give nearest town) write RURAL and give nearest town) 70 alesville d NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) 4. IS RESIDENCE ON A FARM? be retained State YES NO IX 3. NAME OF Frech 4. DATE Middle. DECEASED 3 to the OF ine ine 19 62 (Type or print) DEATH James Williams Jr 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Male birthday) 2, and . Months Hours August Davs W.DOWED DIVORCED ge 5 r and 2 72 hot 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) STUDENT 8. Give Pages pages | P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Edward Williams Sr. Ethel Hazard event IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Office along with burial-transit perm 220360650 Dorothy Smith Galesville 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) in pencil DUE TO Conditions, if any, which (b) cave rise to immediate cause rio. DUE TO (a), stating the under, ying cause last. pesn PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118) 19. WAS AUTOPSY PERFORMED? 2 NO plnods , 20b. DESCRIBE HOW NJURY OCCURED. (Enter nature of Injury In Part | or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH Chief age 3 1 20d. INJURY OCCURRED 1 20g. PLACE OF INJURY (Home, farm. the Chie 20c. TIME OF INJURY 20f. (City or town) Month, Day, Year (State) Not While factory, street, office bldg., etc.) While at work at work 8 130 p.m. certificale, forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion designated agent, death resulted from: Natural causes Accident Suicide | 4, Homicide | Undetermined manner should be forward CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Wilson Address (Street, city, town, or county) M. D. Addr. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) Burid (Specify) 40 6 ፭ 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATE



HEALTH DEPT. O DEPUTY : DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Ligalith, or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after death. TO DEPUTY 40

VS. A15ME 5M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY AND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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PLACE OF DEATH COUNTY	2. USUAL RESIDE	NCE (Where deceased in	ved, if institution . COUNTY	n: Resid no	e belore edmissio
Anne Arundel MARYLAND		9	COUNTY		
b. CITY OR TOWN (if outside corporate lamits, write RURAL and give neerest fown)	c. CITY OR TOWN	(If outside corporate I m	is, write RURAL	end give n	eerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address)	d. STREET ADDRES.	5			. IS RESIDENC
Anne Arundel General Hospital					ON A FARM
3. NAME OF First Middle	Last	4. DATE	Month	Day	Yeer
DECEASED (Type or print)		OF DEATH	Am and T	60	1060
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I	April	29,	1962 IF UNDER 24 HRS
	or print of pixtin	last bis			Hours Min.
Male White WIDOWED V DIVORCED		65	yrs.		
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	STRY 33. BIRTHPLACE (SIN	le or foreign country)	12. (CITIZEN OF	WHAT COUNTR
13. FATHER'S NAME	14. MOTHER'S MAIDER	N NAME	1		
<u> </u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (If yes give we rordates of service)	. INFORMANT		Address		
18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b,, and (c).)					
PART I. DEATH WAS CAUSED BY:					RVAL BETWEEN
IMMEDIATE CAUSE (6)Arteriosclerotic C	ardiovascular	disease			
422 / DUE TO					
Conditions, if any, which (b)					
gave rise to immediate causa					
(a), stating the underlying cause lest.					
	NOT RELATED TO THE TERM	LINAL DISEASE CONDITIO	ON GIVEN IN PA	ART 1(a), 19	. WAS AUTOPSY
					PERFORMED?
208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED	/finter notice of industrial	and I as Dant II of stem 10 1		YI	ES DC NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	. (cale) herele of injury in Fo	an i or red ii of Hem ip.,			
	LACE OF INJURY (Homa, fa		(0	County)	(State)
Hour e.m. While Not While	ectory, street, office bldg., el	lc.)			
21. I certify that I took charge of the remains described above,	held an Autoney	Inspection .	Inquiry .		
			· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		n my opinion
dealif lessified from Maid a causes A. Accident	iicide, Homicide		ned manner		
ACTUAL () () A	CHIEF MEDICAL				
SIGNATURE OF WORLD		D.CAL EXAMINER	or x	DI	ATE SIGNED
EXAMINER'S	שלים אל או סיים	L Livestigat	OI A	11/	30/62
NAME (Type) Peter W. Rieckert, M.D.	Address (Street,	, city, town, or county)		•	20,00
220 BURIAL CREMATION 226 DATE THEREOF 220 NAME OF CEMETERY	OR CREMAZORY	22d. LOCAT ON (CIT)	, lown, or coun	try) ()	(Slete)
8,58,65 N.J.M.	heel Johns	Collin	nory. V	hol-	
taken to Balto City Morgue Appress	248. RE		REGISTRAR'S		
John M. Taylor & Sons147 Glouceste	er St. Day	11t 2 3 167	Chilms 2	d, / Marie	•

Annapolis, Md.



ADDRESS

VR A15 (4) 15M 9/60

DYI AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decressed lived, If Institution: Residence before admission) b. COUNTY Anne Arundel c. CITY OR TOWN (If outside corporete limits, write RURAL end give naerest town) a. IS RESIDENCE ON A FARM? YES NO 17 19 62 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? Same As #2 INTERVAL BETWEEN ONSET AND DEATH - oclera + The west mon PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY **PERFORMED?**

(County)

arthur S. Trace

Howard Co.,

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATEPR 9

22b. DATE

SIGNED



1. PLACE OF DEATH

Anne Arundel

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04162 CERTIFICATE OF DEATH

MARYLAND

a. STATE

Maryland

2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) b. COUNTY

Anne Amindel

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ours		the fu	12 st	irs efter death.
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6		E	S 1	fter
O HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after		TO FUNERAL DIRECTOR: After this certificate has been signed by the ettending physician and completely filled in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, end in eny event, within 72 hours ethanded the
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0	death. Page 4 may be retained by the hospital or attending physician.	0	dire	2
-		Since.		

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b. CITY OR TOWN (if outside write RURAL and give no	e corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside corporate limits, write RURAL end give neerest town)			
Annand		2 days	/O Annap	olis		
d. NAME OF HOSPITAL OR		spitel, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Anne Arundel	General Hos	mital	0), (7)	av Street		YES NO
3. NAME OF	First	Middle Middle	Last	4. DATE Month	Dev	Year
DECEASED (Type or print)	T7			OF DEATH		10
	Henry	****	Wright	April	24	19 62
3. 3EX 0. CO	7. MARRI	NEVER MARRIED B.	DATE OF BIRTH	last birthday)	Months Days	IF UNDER 24 HRS.
	gro wow	ED DIVORCED	5/18/94	67 yrs.	11,011110	110111
ion. USUAL OCCUPATION (Gi done during most of working Hi Disabled Vete	e, even if retired)	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count Maryland	y & State, or foreign country)	U. S.	F WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		44
Unknown			Unknow	n		
15. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II		Address	-	
(Yes, no, or unkown) (Ifyesgiw		None Edn	a Winicht-Ol	Clay St. Anna	malie Wd	
Yes W.W			e literation 44	Olay Sue Willia		ERVAL BETWEEN
PART I. DEATH WAS	CAUSED BY:		estive Hea	A Tailing		ISET AND DEATH
IMMEDI	ATE CAUSE (a)	cule Cong	Miles	y January	3:	2days
4101	DUE TO	0	1 tollo	nouseul co	MUSC	~ 1
Conditions, if any, which	10/	140 cardia	- tritar	CLIDN,	0	Ldays.
geva risa to immediate cause (a), stating the underlying	DIJE TO		11			Q
cause last.	-) (a) Mat	ral of Coro	MARY Her	out Disea	se 1	years.
PART II. OTHER SIGNIF	ICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART 1(e)	PERFORMED?
PART II. OTHER SIGNIF	ISE OF DEATH	SCRIBE HOW INJURY OCCURED.	(Enter neture of injury in P	ert or Pert II of item 18.)		
20c. TIME OF INJURY	Month, Day, Yeer 20d.		E OF INJURY (Home, farm,		(County)	(Stete)
20c. TIME OF INJURY I	While at wo	- (10) WILLIAM - (ry, street, office bldg., etc.)			
711112	- 17			7 /	2/1 /2	
21. I certify that (I)	(this hospital) atter	ded the deceased from	terrusia,	80 % 10 THE LT		
saw the deceased ali	ve on Him Coll	24 1962, and that	death occured atd.7.	M, from the causes	and on the da	ate stated above
22e. SIGNATURE	W. G	lleer M.	D. PHYS. DI	ED. STAFF	4/21	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS		1.7	
Dr.	Faye Allen		Cathedral	St., Annapol:	is, Md.	
23a, BURIAL, CREMATION, 2	36. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City, toy		(Stete)
REMOVAL (Specify)	Amril 29-62	Broadneck		A.A.Co. Marv	land	
24 FUNERAL DIRECTOR'S SIGN	- V	ADDRESS	25a. REC	D BY REGISTRAR 256. REG	GISTRAR'S SIGNA	TURE
	Il Annapoli	s. Maryland	DATRUAY	2 162 Car	chur S. Hrees	A
			I DATE AT	Z 0E		1 1

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the funeral law requires that the death certificate be executed within 24 hours after hours after death. эпо Pages filled Ar completely papers. 3. within carbon 5. physician and please remove 10e do 13. may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending 3 should be detached for use as the burial-transit permit. Then pleas the State Dept. of Health prior to burial, cremation, or removal, and in 15. (Ye CERTIFICATION MEDICAL Hour e.m. 22e. SIGNAT death. Page 4 red FUNERAL I director, page 3 be filed with the

DIVISION OF STATISTICAL RESEARCH AND RECO	E DEPARTMENT OF HEALTH DRDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CATE OF DEATH	RYLAND		
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution, Reside			
Anne Arundel MARYLAN	Walty lated Alife	Arundel		
b. CITY OR TOWN (if outside corporate limits, write RURAL end give necrest town) Annapolis	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?		
me Arundel General Hospital	100 Chesapeake Ave.	YES NO X		
NAME OF First Middle	Last 4. DATE Month Da	Year Year		
DECEASED (Type or print) John	WRIGHT DEATH April 12	2 1962		
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED LIVER WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If UNDER I YEAL	Hours Min.		
. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	OUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CfTEZEN	OF WHAT COUNTRY?		
Salesman Ret. Retail Store	Texas U.S	5.		
FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Ernest Wright	Iillian Piper			
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address			
no (lifyesgive werordalesofservice)	Mrs. Hazel Wright- Wife- Same as #	2		
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		NTERVAL BETWEEN		
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ceduxion	OHUVES		
A D 2 X DUE TO P 2	Heart Mesense			
Conditions, if any, which (b) Auelle	Deart Aleslase	8 YEARS		
gave rise to immediate cause				
(e), stelling the underlying				
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)
PERFORMED
YES XX NO [
20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II or

OP. CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Dey, Year County)

Hour e.m. White Not White factory, street, office bldg., etc.)

(State)

22c. PHYSICIANS LUCK M.D. ATTENDING MED. STAFF
PHYS. DIRECTOR PHYS. C
22d. ADDRESS
NAME (Type) Educard S. Beck M.D.

et work

et work

NAME (Type) Edward S. Beck, M.D. 71 Franklin St., Annapolis, Md.

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)

Burial April 16,62 Hillcrest Cemetery Annapolis, Maryland

24 JUSEPAL DIRECTOR'S SANATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Hopping Funeral Home Annapolisk Maryland Date 488 17'62 Outling S. Home

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SALAD Cothu White Court & Lorent Court TONG STATE THE STATE OF THE STA - Targerson 3 2 and 2 17.1373 N. M. Carlot Charles Transfer of the Party o as a few and a few and A Property of the Control of of the product of the second to the second t Lought Name of Distance of Linguist Control of the State of the State